

Healthcare Integrity and Protection Data Bank 2000 Annual Report



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Requests for copies of this report and information on the Healthcare Integrity and Protection Data Bank should be directed to the Data Bank **Customer Service Center, 1-800-767-6732**. This report and other information is also available on the Internet World Wide Web at <http://www.npdb-hipdb.com>.

Healthcare Integrity And Protection Data Bank 2000 Annual Report Contents

EXECUTIVE SUMMARY	iii
Introduction	iii
The Impact of Retroactive Reporting on Data and Statistics in this Report	iii
Operational Improvements	iv
Reports	iv
Reporters	vi
Queries	vi
Matches	vi
Disputes and Secretarial Reviews	vi
INTRODUCTION: THE HIPDB PROGRAM	1
Why the HIPDB Is Needed	1
Administration and Operation of the HIPDB Program	2
The Role of the HIPDB	2
How the HIPDB Protects the Public	2
Relationship of National Practitioner Data Bank to the HIPDB	3
How the HIPDB Obtains Information	4
Requesting Information From the HIPDB	5
Querying Fees	6
Confidentiality of HIPDB Information	6
Accuracy of HIPDB Information	7
HIPDB DEVELOPMENT	8
Final Regulations	8
HIPDB Initial Reporting and Querying	8
HIPDB Investigative Search Capability	8
Efforts to Obtain HIPDB Reports and Increase Querying	9
HIPDB Guidebook	10
Executive Steering Council	10

2000 HIPDB IMPROVEMENTS	12
Establishment of HIPDB Interactive Training Program	12
Updating and Improving IQRS Web Site	12
Development and Implementation of Interface Control Document Transfer Program.....	12
Formation of IQRS Users Review Panel	13
Awarding of Third Generation NPDB/HIPDB Operations Contract to SRA International, Inc.....	13
HIPDB REPORTS	14
Retroactive Reporting and Limited Data Availability	14
Types of Reports and Reasons for Reports	14
Reports on Physicians	19
Reports on Dentists	22
Reports on Nurses	24
Reports on Registered Nurses (RNs)	24
Reports on Licensed Practical Nurses (LPNs) and Nurses Aides	26
Reports on "Other Professionals"	28
HIPDB Reporters	30
Secretarial Reviews of HIPDB Reports	31
Reports Analysis	32
Comparison of Professional Types' Reports by State	32
Reports per Population Ratio	33
Most Active and Least Active States	34
State Contrasts	36
Reasons for State Licensure Actions by Professional Group.....	37
"Legacy" and "Other (Not Classified)" Reports	38
HIPDB Reporting in 2000.....	39
CONCLUSION	41
STATISTICAL APPENDIX.....	42

Healthcare Integrity and Protection Data Bank 2000 Annual Report



EXECUTIVE SUMMARY

Introduction

The Healthcare Integrity and Protection Data Bank (HIPDB) has collected records of health-care related civil judgments, criminal convictions, injunctions, licensing and certification actions, exclusions from Federal and State health care programs, and other adjudicated actions since opening on November 22, 1999.

This report highlights the HIPDB's activities and accomplishments during 2000 by reviewing the operational improvements realized and presenting program statistics. In addition, an overview of HIPDB guidelines is presented. If you have questions about this report, please write to: Division of Practitioner Data Banks, 7519 Standish Place, Suite 300, Rockville, Maryland 20857.

The Impact of Retroactive Reporting on Data and Statistics in this Report

Entities have filed reports to the HIPDB since it opened for reporting on November 22, 1999, the same day the Integrated Querying and Reporting Service (IQRS) became available to allow reporting and querying of both the HIPDB and National Practitioner Data Bank (NPDB) through the Internet. In addition to filing reports of current actions during late 1999 and throughout 2000, entities were required by law and regulations to report actions taken since enactment of the law on August 21, 1996. *The years in the statistical tables for this report all refer to the year the action was taken, not the year in which the report was submitted to the HIPDB. Note that this is different from the way years are reported in the NPDB Annual Reports, which is the year an action was originally reported to the NPDB.*

Since entities could not know what data elements would be required before regulations were adopted, until March 2000 entities were allowed to file retroactive "legacy format" reports using the report formats of the National Practitioner Data Bank (NPDB). The NPDB reporting format does not include all the specific data elements and the response codes for action taken and reason for taking action that were developed for the HIPDB and implemented in the new IQRS. As a result many reports specified "Other (Not Classified)" as the action taken or as the basis for action. Report narratives were also sometimes very limited, particularly when they were prepared using information from reports filed with other organizations, such as the National Council State Boards of Nursing. Much of the "legacy" data was processed before the HIPDB was opened for entity querying on March 6, 2000.

The extent of the problem of the use of "Other Not Classified" reporting categories and other limited data reporting is born out in the statistics presented in this report. "Legacy" reports with "Other (Not Classified)" as the basis for action account for 34.9 percent of all physician reports to the HIPDB through calendar year 2000. They account for 31.6 percent of dentist reports, 82.7 percent of registered nurse reports, and 67.0 percent of all nurse reports. "Other (Not Classified)" is also an allowable response in reports using the IQRS reporting format. It is expected that, as HIPDB reporters become more familiar with reporting requirements, the number of reports using this classification will be reduced.

Operational Improvements

During 2000, the HIPDB continued improving its policies and operations. Improvements during 2000 included:

- Establishment of HIPDB Interactive Training Program
- Updating and Improvement of IQRS Web Site
- Development and Implementation of the Interface Control Document Transfer Program
- Formation of IQRS Users Review Panel
- Awarding of Third Generation NPDB/HIPDB Operations Contract to SRA International, Inc.

Reports

By December 31, 2000, the end of its 14th month of receiving reports, the HIPDB contained 83,850 reports on health-care related civil judgments, criminal convictions, injunctions, licensing and certification actions, exclusions from Federal and State health care programs, and other adjudicated actions involving 52,540 individuals and 834 organizations. Of the 52,540 individuals reported to the HIPDB, 50.5 percent were nurses, 21.0 percent were physicians (including

allopathic and osteopathic physicians, residents and interns), 6.6 percent were dentists (including dental residents), and 22.3 percent were other types of individuals. Nurses and nursing-related practitioners reports made up 53.4 percent of all reports, physicians made up 22.8 percent, "Other Professionals" 17.9 percent, and dentists 6.0 percent.

Sixty-five percent of individuals with reports had only one report in the HIPDB, 87.8 percent had two or fewer reports, 98.7 percent had five or fewer, and 99.9 percent had 10 or fewer. There were at least 100 reports for individual subjects from each State, although Washington, D.C. had only 99 reports for individual subjects.

The HIPDB's 1,038 reports for 834 organizations were only 1.24 percent of all HIPDB reports. Nursing facilities/skilled nursing facilities, 322 in all, made up 38.6 percent of all reported organizations and accounted for 41.2 percent of organization reports. Eighty-six percent of organizations with reports had only one report in the HIPDB, 94.8 percent had two or fewer reports, 99.5 percent had five or fewer, and 99.9 percent had 10 or fewer. Organizations from a total of 18 States had no HIPDB reports.

Seventy-five percent of all reports concerned State Licensure Actions. All types of nurses were responsible for 57.8 percent of all State Licensure Action reports. Physicians were responsible for 23.0 percent of these reports; dentists, 5.7 percent; and organizations, 0.6 percent. State Licensure Actions made up 85.5 percent of reports for all types of nurses and 76.6 percent of physician reports. Exclusion or Debarment reports represented 21.4 percent of all reports received cumulatively. All types of nurses were responsible for 30.6 percent of Exclusion or Debarment reports. Physicians were responsible for 21.9 percent of these reports; dentists, 6.8 percent; and organizations, 0.9 percent. Exclusion or Debarment reports made up 20.7 percent of physician reports and 12.9 percent of reports for all types of nurses.

The other report types made up less than 4.0 percent of all reports for individuals. Health Plan Contract Termination reports totaled 8.8 percent of all organization reports. There were no Federal Licensure and DEA reports for organizations in the HIPDB.

Individuals from only thirteen States had at least one report for each report type category: Arizona, California, Connecticut, Indiana, Maryland, Michigan, Missouri, Nevada, Ohio, Pennsylvania, Texas, Washington, and West Virginia. For Government Administrative Actions, individuals from 29 States and the District of Columbia had no reports, and for Health Plan Contract Terminations, individuals from 20 States and Washington, D.C., had no reports. Individual subjects from eight States had no Federal Licensure and DEA reports. Individuals from Wyoming were the only ones that had State Licensure Action and Exclusion or Debarment reports but no other types of reports.

Reporters

Accounting for 83,850 reports in the HIPDB, 389 entities (both those currently active as of December 31, 2000 and those no longer active) reported at least once to the HIPDB. Most of these reporters were State licensing agencies, 77.1 percent of all entities who have ever reported. They submitted 75.4 percent of reports.

Queries

From November 22, 1999 (for self-queries) and from March 6, 2000 (for entity queries) through December 31, 2000, the HIPDB responded to over 933,988 inquiries (queries) from criminal justice authorities, government investigators, prosecutors, Federal and State government agencies, federal hospitals, and health plans. Health plans and insurance companies were the most active queriers, making 82.0 percent of all queries cumulatively.

Matches

When a query is submitted concerning a "subject" (an individual or organization) with one or more reports in the HIPDB, a "match" is made, and the querier is sent copies of the reports. As reports naming additional subjects are submitted to the HIPDB and as more queries are made, both the number and rate of matches will increase. Cumulatively, a total of 112,892 matches were made on 933,988 entity queries; thus, 12.1 percent of all entity queries resulted in a match. In addition, cumulatively 3,013 of 35,937 self-queries were matched for a 8.4 percent self-query match rate. Over time, the match rate is expected to increase as the HIPDB gains more reports. Because both the NPDB and HIPDB work through IQRS, the HIPDB's interaction with the NPDB also might have affected the match rate.

Disputes and Secretarial Reviews

A subject who was reported to the HIPDB may dispute the report. The subject may dispute either the accuracy of the report or the fact that a report was filed at all. If the disagreement is not resolved between the subject and the reporter, the subject may ultimately request a review of the report by the Secretary of Health and Human Services. As of December 31, 2000, 30 of the 71 cases elevated to Secretarial Review had been resolved. Most of the requests, 57 out of 71 (80.3 percent) concerned State Licensure Action Reports. Most resolved requests were determined to be outside the scope of review (18.3 percent of all requests and 43.3 percent of resolved requests).

Healthcare Integrity and Protection Data Bank 2000 Annual Report



INTRODUCTION: THE HIPDB PROGRAM

The Healthcare Integrity and Protection Data Bank (HIPDB) was established under Section 1128E of the Social Security Act as amended by Section 221(A) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Enacted August 21, 1996, the Act authorized the Secretary of Health and Human Services (DHHS), acting through the Office of the Inspector General (OIG) of DHHS and the Attorney General of the United States, to create the HIPDB. This national health care data collection program contains reports of certain final adverse actions taken against health care providers, suppliers, and practitioners. The HIPDB was intended to combat fraud and abuse in health insurance and health care delivery and to promote quality care. It is a flagging system that may serve to alert users that a more comprehensive review of the actions of a practitioner, provider or supplier may be prudent. Federal and State agencies, including prosecutors and investigative agencies, and health plans must report health-care related civil judgments, criminal convictions, injunctions, licensing and certification actions, exclusions from Federal and State health care programs, and other adjudicated actions.

Why the HIPDB Is Needed

Health care fraud threatens health care quality and patient safety and burdens the Nation with enormous financial costs. Estimates of annual losses due to health care fraud range from 3 to 10 percent of all health care expenditures between \$30 and \$100 billion based on estimated 1997 expenditures of more than \$1 trillion. The HIPDB is a tool Federal and State agencies and health plans can use in their efforts to combat fraud and abuse in health insurance and health care delivery and to promote quality care.

Administration and Operation of the HIPDB Program

The DHHS OIG and the Department of Justice are responsible for the program. Under an Interagency Memorandum of Understanding, the Division of Practitioner Data Banks (DPDB) of the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), DHHS, developed and maintains the HIPDB. A contractor, SRA International, Inc. (SRA), operates the HIPDB computer systems and related functions in conjunction with the National Practitioner Data Bank (NPDB). The HIPDB began receiving reports November 22, 1999 and opened for single and multiple-name queries March 6, 2000. The Integrated Querying and Reporting Service (IQRS), started November 22, 1999, allows reporting and querying of both the HIPDB and NPDB by authorized users through the Internet.

The Role of the HIPDB

The HIPDB is a central repository of information for: (1) 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-renewal, or otherwise; (2) health care-related civil judgments taken in Federal or State court; (3) health care-related criminal convictions taken in Federal or State court; (4) exclusions from participation in Federal and State health care programs; (5) any other adjudicated actions or decisions defined by regulation. The information is intended to augment and verify, not replace other sources of information. The HIPDB was designed as a flagging system; it was not designed to collect and disclose the full record concerning reports of incidents or actions. Mandated HIPDB reporters must report all final adverse actions taken on or after August 21, 1996, the date of the HIPDB legislation's passage. As reports accumulate over time, the value of the HIPDB as an information source will continue to rise.

Information reported to the HIPDB is made available upon request to registered entities eligible to query, such as Federal and State government agencies and health plans. Criminal justice authorities, government investigators, and prosecutors may query the HIPDB to further investigations on health care practitioners, providers and suppliers. Other governmental organizations may query the HIPDB with respect to credentialing, licensing, or certification of health care practitioners, providers and suppliers. Health plans may have a variety of reasons for querying the HIPDB, principally in relation to credentialing or contracting with practitioners, providers and suppliers. Practitioners, providers and suppliers may request information about themselves (self-query) from the HIPDB at any time, for any purpose.

How the HIPDB Protects the Public

Although the Act does not provide for the release of provider-, supplier-, and practitioner-specific HIPDB information to the public, the public benefits from the HIPDB's existence. Federal and State government authorities and health plans now have information needed to identify possibly

fraudulent practitioners, providers and suppliers, as well as those with licensure certification or other issues in their past. The HIPDB data are intended for use with information from other sources to aid decision making about employment, licensure/certification, contracting, and law enforcement. Also, to help the public better understand fraud and abuse issues, the HIPDB responds to individual requests for statistical information, conducts research, publishes articles, and presents educational programs.

Relationship of National Practitioner Data Bank to the HIPDB

The National Practitioner Data Bank (NPDB) and HIPDB are complementary systems that help health care entities make better decisions to protect patient safety. The NPDB is a nationwide system that monitors malpractice findings and adverse professional actions against licensed health care professionals. It was created through the Health Care Quality Improvement Act of 1986, as amended, and became operational on September 1, 1990. While the NPDB tracks significant adverse actions against dentists and physicians, as well as malpractice settlements and judgments involving all licensed health professionals, the HIPDB tracks information on certain adverse actions for health care providers, suppliers and practitioners. The following table shows which actions taken by entities result in reports to each respective Data Bank:

HIPDB Reports	NPDB Reports
Federal or State licensing and certification actions	State licensure disciplinary actions, based on reasons related to professional competence or conduct
Health-care related civil judgments entered in Federal or State court	Medical malpractice payments resulting from written claim
Health-care related criminal convictions entered in Federal or State court	Voluntary surrender or restriction of clinical privileges, licenses, or professional society memberships while under, or to avoid, investigation
Exclusions from participation in Federal and State health care programs	Professional review actions by hospitals and other health care entities, based on reasons related to professional competence or conduct
Injunctions related to the delivery of a health care item or service	Professional review actions by professional societies, based on reasons relating to professional competence or conduct, adversely affecting membership

HIPDB Reports	NPDB Reports
Any other adjudicated actions or decisions that the Secretary shall established by regulation.	

Combined, the Data Banks provide a wide range of information on practitioners and organizations that can be used to ensure quality, prevent fraud and abuse, and help agencies make better licensing, certification, hiring and contracting decisions. The IQRS allows entities to report to and request information with one query from both Data Banks at the same time, so there is no duplication of effort.

How the HIPDB Obtains Information

The HIPDB receives five types of information: (1) Federal or State licensing or certification reports, (2) reports on health care-related civil judgments and injunctions (other than malpractice payments) entered in Federal or State court, (3) reports on health care-related criminal convictions entered in Federal or State court, (4) Federal or State health care program exclusion reports, and (5) reports on any other adjudicated actions or decisions related to the delivery of health care items or services, including Health Plan Contract Terminations.

Federal, State, and local prosecutors and investigative agencies must report criminal convictions against health care practitioners, providers, and suppliers related to the delivery of health care items or services, including nolo contendere/no contest pleas. Along with health plans, they must also report civil judgments and injunctions against health care practitioners, providers or suppliers related to the delivery of a health care item or service, regardless if the civil judgment is the subject of a pending appeal.¹

If a government agency is party to a multi-claimant civil judgment, it must assume the responsibility of reporting the entire action, including all award amounts made to all the claimants, both public and private. When a government agency is not a party, but there are multiple health plans as claimants, the health plan receiving the largest award is responsible for reporting the total action for all parties.

¹Malpractice payments/judgments and settlements of civil cases in which there are no findings of liability are not reportable to the HIPDB. However, all malpractice payments are reportable to the NPDB, regardless of whether they result from a judgment or settlement.

Federal and State licensing certification agencies must report final adverse licensure actions taken against health care practitioners, providers, and suppliers. To be reportable they must be formal or official actions; they need not be specifically related to professional competence or conduct.

Federal and State agencies must report health care practitioners, providers or suppliers excluded from participating in Federal or State health care programs. The term "exclusion" means a temporary or permanent debarment of an individual or entity from participation in a Federal or State health-related program, in accordance with which items or services furnished by such person or entity will not be reimbursed under any Federal or State health-related program.

Federal and State government agencies and health plans must report adjudicated actions or decisions against health care practitioners, providers and suppliers. The term "other adjudicated actions or decisions" means: formal or official actions taken against a health care practitioner, provider, or supplier by a Federal or State government agency or a health plan; which include the availability of a due process mechanism; and are based on acts or omission that affect the payment, provision, or delivery of a health care item or service. For health plans that are not government entities, an action taken following adequate notice and the opportunity for a hearing that meets the standards of due process set out in Section 412(b) of the HCQIA (42 U.S.C. 11112(b)) also would qualify as a reportable action under this definition. Specifically, contract terminations may be reportable under this definition.

The immunity provisions in Section 1128E protect individuals, entities and their authorized agents from being held liable for reports made to the HIPDB unless they have actual knowledge of the falsity of the information. The statute gives similar immunity to DHHS in maintaining 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 such adverse action not reported. The Secretary of DHHS shall publish a public report that identifies those government agencies that have failed to report information on adverse actions as required.

Requesting Information From the HIPDB

Health Plans, Federal and State government agencies, criminal justice authorities, government investigators, and prosecutors may request information ("query") from the HIPDB. In addition, practitioners, providers and suppliers may request information about themselves ("self-query") from the HIPDB at any time, for any purpose.

Health plans may have a variety of reasons for querying the HIPDB, principally in relation to credentialing or contracting with practitioners, providers, and suppliers. They may also query the HIPDB to investigate potential fraudulent and abusive activity related to the payment or delivery of health care services. HIPDB information may also be used by the health plan's parent organization to pursue civil actions against a specific practitioner, provider, or supplier.

Government agencies may query the HIPDB with respect to credentialing, licensing, or certification of health care practitioners, providers, and suppliers. Criminal justice authorities, government investigators, and prosecutors may query the HIPDB to further investigations on health care practitioners, providers and suppliers. Federal and State investigators and prosecutors, such as the Federal Bureau of Investigation, may also use HIPDB information in making decisions to accept plea agreements or in making sentencing recommendations to the court.

Researchers and the public can request aggregate statistical information only.

Querying Fees

User fees are charged for all queries for HIPDB information submitted by non-Federal agencies and health plans and for self-queries submitted by health care practitioners, providers, or suppliers. Section 1128E of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) exempts Federal entities from paying these fees. All non-Federal government queriers are required to pay a fee for each name about which information is requested. During 2000 the entity query fee was \$4 per name for queries submitted via the IQRS and paid for electronically. Self-queriers are charged \$10 because of the manual processing required. All query fees must be paid by credit card at the time of the submission or through prior arrangement for automated electronic funds transfer.

Confidentiality of HIPDB Information

Under the terms of the Act, information contained in the HIPDB that permits identification of any particular practitioner, entity or patient is confidential. The limited access provision of Section 1128E supersedes the disclosure requirements of the Freedom of Information Act. Persons or entities receiving information from the HIPDB either directly or indirectly are subject to the confidentiality provisions. These provisions of Section 1128E do not prohibit an eligible entity receiving information from the HIPDB from disclosing information to others who are part of the investigation or peer review process, as long as the information is used for the purpose for which it was provided. Individual practitioners, providers and supplies obtaining information about themselves from the HIPDB are permitted to share that information with whomever they choose. Patient names are not to be submitted in HIPDB reports.

Persons or entities who receive information from the HIPDB either directly or indirectly are subject to the above confidentiality provisions. Section 1128E does not specify a penalty for violating HIPDB confidentiality. However, other Federal statutes may subject individuals and entities to criminal penalties, including fines and imprisonment, for the inappropriate use or disclosure of HIPDB information.

Accuracy of HIPDB Information

Reports to the HIPDB are entered exactly as received from reporters. To ensure the accuracy of reports, each practitioner, provider and supplier reported to the HIPDB is notified that a report has been made and is sent a copy of the report. Reporters are similarly sent confirmation copies of their reports. Subjects of reports are allowed to submit a statement expressing their views of the circumstances surrounding any judgment or adverse action report concerning them. The statement is disclosed whenever the report is disclosed. Subjects of reports should review the copies they receive to ensure they are accurate.

If subjects decide to dispute the accuracy of information in the report in addition to or instead of filing a statement, they are requested to notify the HIPDB that the report is being disputed. The report in question is then noted as under dispute when it is released in response to queries. Subjects must attempt to work with the reporting entity to reach agreement concerning revision or avoidance of a disputed report. If their issues are not resolved by the reporting entity, the subject may request that the Secretary of Health and Human Services review the disputed information. The Secretary then makes the final determination concerning whether a report should remain unchanged, be modified, or be voided and removed from the HIPDB.

HIPDB DEVELOPMENT

DPDB and the contractor began background policy work on developing the HIPDB in January 1997 and systems-related development work in July 1997. This work coincided with the development of the Internet-based IQRS, which is used by reporters to fulfill their responsibilities to report to the Data Banks and which replaced QPRAC reporting and querying software. Under the IQRS, reporting to the HIPDB and NPDB is combined into one system, with a set of rules determining how reports are accepted into each Data Bank. Based upon the information reported, the IQRS routes reporting transactions to the appropriate Data Bank. Therefore, the IQRS reduces the reporting burden by allowing eligible entities to submit a single report to both the HIPDB and NPDB. Querying is similarly facilitated and eligible queriers can submit a single query to both the HIPDB and NPDB.

Final Regulations

The final regulations governing the HIPDB are codified at 45 CFR Part 61 and were published in the Federal Register on October 26, 1999. These regulations are accessible at www.npdb-hipdb.com. Before the final regulations were published comments were accepted on the proposed rules from October 31, 1998 to January 12, 1999. There were 117 timely comments which were considered in forming the final regulations. Two corrections to the regulations, one regarding disputing HIPDB reports and the other regarding the definition of health plans, were published December 20, 1999 and November 24, 2000, respectively.

HIPDB Initial Reporting and Querying

The HIPDB opened for reporting and self-querying on November 22, 1999, the same time the Internet-based IQRS started operations. All reporting is done electronically.

Following a limited test period, the HIPDB began to accept queries from all eligible entities on Monday March 6, 2000 at approximately 2:45 p.m. The first query came from a health plan in Arizona. The response was negative, meaning there was no information in the HIPDB about the practitioner in question. Web batch querying (submission of more than one name in a single submission) was implemented on April 10, 2000. The HIPDB responded to 26,909 requests for information in its first week and collected \$114,254 in fees.

HIPDB Investigative Search Capability

The Investigative Search Capability (ISC) is a method of querying the HIPDB created exclusively for law enforcement. The ISC permits free-text searches that require less identifying information than the Explicit Query method available to non-law enforcement entities.

Registered entities with an Originating Agency Identifier number assigned by the FBI, also known as an ORI number, have access to the ISC. This capability permits authorized users to search on specific fields (e.g., subject's name, city, date of birth, etc.) or to search for words or phrases throughout the text of the report data. Federal agencies are exempt from fees. There is a charge for State agencies and qualified health plans to use the ISC.

Efforts to Obtain HIPDB Reports and Increase Querying

Entities, from health plans to law enforcement groups to State boards, were contacted about their legal responsibility to report to the HIPDB. During the re-registration of entities for the NPDB and initial registration for HIPDB in 1999 and 2000, DPDB made sure that entities were aware of the benefits of querying the HIPDB.

DPDB worked to obtain reports from State licensing boards and professional organizations. A HIPDB Compliance Tracking Program was set up to monitor the various professional licensure boards and professional organizations' involvement with the HIPDB. The national organizations of licensing boards for several professions, such as the Federation of Chiropractic Licensing Boards, National Association of Boards of Pharmacy, and National Council of State Boards of Nursing, agreed to be the agents for many States' reporting of adverse actions to the HIPDB. The boards for nurses, chiropractors, pharmacists, and other medical professionals that were contacted by DPDB have sent in more retroactive reports to the HIPDB than other professions. The HIPDB Compliance Tracking Program continues its work in 2001.

Law enforcement agencies also were contacted about reporting and querying. DPDB created an investigative and prosecutorial outreach strategy to increase the number of attorneys general, prosecutors, and investigators reporting to and querying the HIPDB. DPDB staff met with an assistant U.S. attorney general and DHHS OIG staff to discuss reporting and querying by law enforcement. They created plans to form a state coalition of organizations, such as health plans, that query the HIPDB and partner with them to urge State attorneys general and prosecutors to submit data to the HIPDB as required by law and regulations. The DHHS OIG officials said they would encourage a HIPDB presentation at the next meeting of National Medicaid Fraud Control Units.

Community health centers also were encouraged to comply with HIPDB reporting requirements. Working with the Bureau of Primary Health Care (BPHC), DPDB developed a strategy to increase reporting and querying of the Data Banks by BPHC grantees. DPDB also created a letter that was sent to community health centers, letting them know they fall under the definition of health plans and must report to the HIPDB. DPDB also worked with the HRSA Center for Managed Care to provide outreach to community health centers and to market HIPDB articles to various trade publications.

Health plans registered with the Data Banks were sent an HIPDB information book and registration materials. This booklet explained the HIPDB in an easy-to-understand way, promoting its value in combating health care fraud and abuse. Each aspect of how the HIPDB serves users and the public, health care, integrity, and protection, were detailed in this booklet. In conjunction with sending this booklet, DPDB staff researched the needs of entities, such as health plans, so it could understand what features of the HIPDB were appealing to them and how to best educate them about the HIPDB's usefulness.

Educating users about the HIPDB at conferences was a major effort. DPDB members exhibited materials or made presentations at conferences for the Association of Health Lawyers, American Health Care Association, National Association of [State] Surveillance and Utilization Review Systems, National Health Care Anti-Fraud Association (NHCAA), National Bar Association, and Department of Defense OIG Criminal Investigative Service, to name just a few. At one major event, the NHCAA Institute for Health Care Fraud Prevention Annual Training Conference, November 15 - 17, 2000, DPDB staff showed a HIPDB exhibit. The exhibit consisted of a computerized HIPDB demonstration, panels describing the purpose, history, and function of the HIPDB, brochures, and a customer feedback form for current and potential users of the HIPDB. Staff provided information and answered questions on the HIPDB to an estimated 100 visitors that stopped by the exhibit.

The HIPDB was also explained and promoted in print. Articles about the HIPDB were published in trade journals such as "PA Today" and "Rehab Management." A HIPDB customer feedback form was also created to determine the level of knowledge, use, and satisfaction with the HIPDB on the part of Federal and State law enforcement agencies, health plans, hospitals and other organizations reporting to or querying the HIPDB.

The focus of efforts in 2000 was obtaining adverse actions and gaining compliance of Federal agencies with HIPDB reporting requirements. In 2001, DPDB intends to concentrate on obtaining Judgment or Conviction Reports from States and promoting the HIPDB to law enforcement through brochures and other materials.

HIPDB Guidebook

The HIPDB *Guidebook* was approved January 2000. It was posted on the NPDB-HIPDB web site in February. The *Guidebook* interprets the regulations and provides users with guidelines on how to report to and query the HIPDB. The HIPDB *Guidebook*, a critical source of information to HIPDB users, is being updated in 2001 to reflect operational and policy changes.

Executive Steering Council

The Executive Steering Council has oversight of the HIPDB. The Council is made of representatives from Federal agencies, including DOJ, DHHS OIG, HRSA, CMS, and the HHS

Assistant Secretary of Management and Budget. During their regular schedule of meetings, they provide guidance and support for the HIPDB and its activities.

2000 HIPDB IMPROVEMENTS

The first full year of operation of the HIPDB was marked by the following policy and operational improvements for 2000 that have already or will in the future improve service to HIPDB customers.

Establishment of HIPDB Interactive Training Program

In August 2000 the HIPDB introduced an on-line Interactive Training Program to educate entities and others interested in the HIPDB. The program, accessible at the NPDB-HIPDB web site at www.npdb-hipdb.com, provides information on who may query and report to the HIPDB, explains its purpose, and identifies the types of adverse actions that are reportable to the HIPDB. The dispute process, which is the mechanism for subjects to challenge inaccurate reports, is also described in detail. The training program also provides information on regulatory confidentiality provisions. The program also has a component titled "Should I Report It." This self-test feature presents a variety of scenarios and allows users to determine which ones are reportable events.

Updating and Improving IQRS Web Site

The IQRS was improved as the Data Banks continued to advance technologically. The site's "look and feel" was changed to make IQRS more visually appealing. Navigation of the web site was improved to reduce scrolling and allow users to move expediently to areas of interest to help them complete their work faster and more easily. The IQRS on-line help screens were updated and improved, with additional text providing more detailed explanations and instructions. A "What's New" information page was added to the IQRS welcome page.

The capabilities of the IQRS were also enhanced. Users can now submit batch queries and save draft reports for later completion. The IQRS provided output products in parsable format to better support high-volume queriers and third-party software. Another new IQRS capability was batch downloading, which consolidates multiple query responses into a single file, when the number of queries submitted is 11 or more. The wording of subject notification documents also was improved. Future improvements include better password protections, upgrading the Oracle software database, and improving the self-query process to enable better use of the Internet and provide faster potential turn-around times.

Development and Implementation of Interface Control Document Transfer Program

The Interface Control Document (ICD) Transfer Program, or ITP, helps high-volume queriers who generate queries automatically from custom (third party) software or other special purpose software obtain information more easily from the NPDB-HIPDB. They can submit queries electronically by sending electronic files to the NPDB-HIPDB, rather than using the IQRS. The ICD specifies the data elements (variables), data types, acceptable values and codes, organization,

and format for submitting queries to the NPDB-HIPDB in an electronic transaction file and for interpreting (i.e. parsing) responses received from the NPDB-HIPDB.

The ITP is the program that transmits ICD query submission files and receives query responses from the NPDB-HIPDB. Through ITP, queriers can receive responses in parsable text format. The ITP is the only recognized method of ICD submission. The data are transmitted over an Internet Secure Socket Layer (SSL) connection to ensure security. This ITP program can be executed as a stand-alone program or under control of another program, e.g., custom or third party software. The ITP requires the Java 2 Runtime Environment, available as a free download from Sun Microsystem's Java web site.

Formation of IQRS Users Review Panel

The IQRS Users Review Panel (IQRS URP) was created in 2000 and met in July and November. This group of IQRS developers, government officials and users meet twice a year in a feedback session that lets users take part in building the system. The primary mission of the IQRS URP is to discuss issues regarding the IQRS; identify new IQRS requirements; review current IQRS querying and reporting issues; and address NPDB-HIPDB operational related issues. In design review sessions, users' feedback on proposed IQRS changes helps developers improve the IQRS. Users also discuss their ideas about past, current and future IQRS performance. Their issues and suggestions often result in problems being solved and operations being improved.

Awarding of Third Generation NPDB/HIPDB Operations Contract to SRA International, Inc.

The new "Third Generation" contract for the operation, maintenance, and enhancement of the HIPDB and NPDB was awarded to SRA International, Inc., of Fairfax, Va., on December 20, 2000. The previous contract was scheduled to expire June 30, 2001.

The "Third Generation" contract is a performance-based firm fixed-price agreement for up to six years. The contract includes high performance standards for the contractor and a small bonus incentive if SRA exceeds them. The contract was awarded through the Department of Transportation's GWAC, or government-wide acquisitions contract. This contract will control costs and establish performance indicators and incentives that should improve customer service, matching accuracy and timeliness.

HIPDB REPORTS

This section primarily discusses the information in the HIPDB and provides descriptive statistics concerning HIPDB reports for individuals, including physicians, dentists, nurses, and other practitioners, and for organizations. For comparative purposes, information is provided for the year the action was taken for all HIPDB reports.

Retroactive Reporting and Limited Data Availability

Entities have submitted reports to the HIPDB since November 22, 1999. All reports in the HIPDB were submitted by entities in 1999 and 2000, but this does not mean that all reports were submitted for actions taken by entities in 1999 and 2000. Entities were required to submit retroactive reports for years previous to 1999 and 2000, dating back to the passage of the HIPDB legislation. *Years in the statistical tables for this report all refer to the year action was taken, which is not the date the report was submitted, but is instead the year the reportable event took place.*

A large number of retroactive reports had "Other (Not Classified)" as a reason, which was partly a result of retroactive reports being submitted in the "legacy format." The "legacy format" is different from the current Consolidated Adverse Action Report (CAAR) format that IQRS uses. Entities that submitted "legacy" reports used information and records they had saved over the years. The HIPDB did not become operational until late 1999, so entities did not necessarily have all the data elements they needed to report to the HIPDB. If they reported based on existing data sets rather than original case files, the information they retroactively reported may not have included the detailed information needed for reasons actions were taken and some other variables. This results in many retroactive reports having "Other (Not Classified)" as the reason for action. As HIPDB users become more familiar with reporting requirements and the Data Bank itself improves, the number of reports with "Other (Not Classified)" for the reason will be reduced. Similarly, other data problems will be reduced. Retroactive reporting has been inconsistent among the States and the professional types, affecting the data described in the tables in this Annual Report and perhaps not giving a complete picture of the actual actions taken in the States and nationwide.

Types of Reports and Reasons for Reports

Tables A1 through A12 present data from reports through December 31, 2000. Reports indicate types of individuals and organizations as well as the years and the States in which actions were taken. The main types of reports submitted to the HIPDB are licensure actions taken by States and Medicare/Medicaid exclusion actions taken by the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA).

A variety of health care professionals and related personnel have been reported to the HIPDB; five professional groups (physicians, dentists, nurses (registered nurses, licensed professional nurses and nurses aides), and "Other Professionals") are discussed in greater depth later in the report. Table A1 illustrates the number of individuals with reports by practitioner type. As shown in the table, at the end of 2000 a total of 52,540 individuals had 82,812 reports in the HIPDB, resulting in an average of 1.58 reports per reported individual. Nurses and nursing-related practitioners had the highest number of practitioners with reports and the highest number of reports, but they had fewer reports per practitioner (1.67) than physicians. The number of dentists with reports and the number of reports per dentist reported to the HIPDB were less than the numbers for either nurses and physicians. A variety of other professional types, such as homeopaths and naturopaths, were also reported to the HIPDB.

The number of organizations reported for each type and the number of HIPDB reports for each type reported are displayed in Table A2. As shown in the table, 834 organizations had 1,038 reports in the HIPDB at the end of 2000. This is slightly more than one percent of all reports in the HIPDB. The number of organizations with reports and their number of reports were much less than for individuals. The number of reports per organization was 27 percent less than for individuals (1.27 compared to 1.58). The types of organizations most frequently reported were nursing/skilled nursing facilities. This was consistent with the higher frequency of reporting for nurses compared with other individuals. Following nursing facilities, pharmacies, durable medical equipment suppliers, and ambulance service/transportation companies had not only the most reports but also the most organizations with reports. Other organization types, including a non-classified category, accounted for an additional 238 organizations with 284 reports.

The total number of reports and the total number for individuals and organizations are also shown by report type in Table A3. For all 83,850 HIPDB reports for individuals and organizations, 75.0 percent were for State Licensure Actions² and 21.4 percent were for Exclusions or Debarment actions. The rest of the report types made up less than 5.0 percent of all reports. For individuals only, State Licensure Action reports made up 75.6 percent of 82,812 total reports, by far the largest percentage of any of the report types. Exclusion or Debarment Actions represented the second highest with 21.4 percent of all individual reports. The other report types combined made up less than 4.0 percent of reports for individuals. Organization report types and their year of action taken, as well as cumulatively, are also shown in Table A3. Government Administrative Actions made up the largest percentage of reports, 40.2 percent of organization reports in the HIPDB. State Licensure Actions represented the second largest with 34.2 percent of all organization reports, followed by reports for Exclusions or Debarments, 15.7 percent; Health Plan Contract

²State Licensure Actions include actions reported using either the "Legacy" or the Consolidated Adverse Action (CAAR) formats.

Terminations, 8.8 percent; and Judgments or Convictions, 1.2 percent. There were no Federal Licensure and DEA organization reports in the HIPDB.

Table A4 shows the types of actions taken against individuals and organizations³. Out of a total 82,812 actions taken against all individuals, the 81,730 actions reported with action classification information were 90.5 percent adverse and 9.5 percent non-adverse (e.g., reinstatements). For individuals, 25.9 percent of adverse State Licensure Action reports were for probations of licenses or certificates and 23.5 percent were for reprimands, censures, or voluntary surrenders of licenses or certificates. Exclusions from Medicare/Medicaid/Other Federal Programs made up 56.7 percent of Exclusion or Debarment reports for individuals. Nurses had the most actions reported (53.9 percent of the total), of which 91.2 percent were adverse. In comparison, physicians had 23.1 percent of the reported actions, but 87.4 percent of these were adverse. For dentists 90.0 percent of the 4,982 reported actions were adverse. Almost all organization actions were adverse (97.1 percent) with only 30 non-adverse actions reported, mainly for reductions or reinstatements of licensures. In general, most HIPDB reports are for adverse actions taken against subjects.

Reports for actions taken against individuals and organizations are also broken down by the year the report's action was taken. Table A5 shows that for individuals the largest number of reports, 20,638, were for actions taken in 1998, about one-quarter of all individual reports. The smallest number of reports, 5,105, was for actions taken prior to August 21, 1996. For organizations, the largest number of reports, 313 and 312, were for actions taken in 2000 and 1999, respectively. Combined, they made up 60.2 percent of all organization reports. The fewest number of reports for organization, 41, was for actions taken between August 21, 1996 and December 31, 1996. For individuals, State Licensure Action reports made up more than 80.0 percent and Exclusion or Debarment reports were at least 10.0 percent of all individual reports for August 21, 1996 to December 31, 1996, 1997, 1998, and 1999. But for years prior to August 21, 1996, Exclusion or Debarment reports made up 68.2 percent of all reports while State Licensure Actions made up only 28.2 percent of reports for years prior to August 21, 1996. This contrast was even more marked for organizations for years prior to 1996: 89.2 percent of reports are for Exclusion or Debarments and 9.6 percent were for State Licensure Actions. For organization Government Administrative Action reports, 46.3 percent were for actions taken in 1999. Government Administrative Action reports made up 61.9 percent of all organization reports for actions taken in 1999. For State Licensure Actions, 49.0 percent of reports were for actions taken in 2000. State Licensure Action reports made up 55.6 percent of all organization reports for actions taken in 2000.

³An additional 1,082 reports for individuals and 12 reports for organizations were missing data on the classification of the initial action.

Table A6 shows the types of actions taken against individuals by reason for action. After "Other (Not Classified)", the next largest reasons for adverse actions were actions taken by Federal/State/Local authorities, practices indirectly affecting patient care⁴ and criminal convictions.

Non-adverse action reports with practices indirectly affecting patient care for a reason made up 14.0 percent of non-adverse individual reports. The biggest number of State Licensure Action adverse action reports, 14,619, were for probations of licenses. "Other (Not Classified)" is the reason for 60.7 percent of the probations and unprofessional conduct was the reason for 15.1 percent of the probations. All 13,301 reprimands, censures, and voluntary surrenders had "Other (Not Classified)" as their reason. Most Exclusions or Debarments actions, 9,162 of them, were for Exclusions from Medicare/Medicaid/Other Federal Programs, with actions taken by Federal/State/Local Authority accounting for 50.3 percent of them. About 99.4 percent of adverse actions with "Other (Not Classified)" as their reason were State Licensure Actions. Exclusions made up 62.6 percent of adverse actions taken because of criminal convictions and 75.2 percent of adverse actions taken by Federal/State/Local authorities. Most adverse action reports (40,593 or 52.27 percent) and non-adverse actions, (4,995 reports or 83.3 percent) had "Other (Not Classified)" as their reason for action.

Table A7 shows the same information as Table A6 for organizations. Half of the adverse action reports for organizations were reported because of practices directly affecting patient care. The second largest number of reports, 10.2 percent, were submitted because of practices indirectly affecting patient care, followed by criminal convictions, 8.2 percent. The largest number of organization actions reported, 29.2 percent, were administrative fines/monetary penalties. These actions made up 38.6 percent of all actions taken because of practices directly affecting patient care and 58.6 percent of all actions taken because of patient abuse.

Reports for individuals and organizations are also broken down by State. Table A8 shows the number of reports for individuals and organizations by State, as well as the total number of reports for each State⁵. Individuals and organizations combined from Texas and California had the most

⁴Practices indirectly affecting patient care include, but are not limited to, such activities as employing or contracting with individuals excluded from Federal/State health care programs; defaulting on health education loans or scholarship obligations; failure to maintain or provide records, grant immediate access, take corrective action, obtain surety bond, comply with composition of enrollment requirements, or obtain contractual obligations; violating Federal/State antitrust statutes, the Drug-Free Workplace Act, Immigration or Nationality Act employment provisions, ADA or applicable Fed./State Laws, and civil rights laws; and financial insolvency.

⁵An additional 29 Exclusion Reports for individuals are missing data for State.

HIPDB reports (7,432 and 7,017 respectively) and individuals from these States had the most reports (7,361 and 6,976 respectively). Individuals from Texas had 8.9 percent (about one out of every 11.2) of all individual reports. Subjects from New York and Michigan followed with less than 5,000 reports (4,884 and 4,320 total HIPDB reports, respectively); and 4,755 and 4,192 reports for individuals. Subjects from other States had even fewer reports. As expected, subjects from States with larger populations had more reports. According to the 2000 Census, the most populous States were California, Texas, New York, Florida, Pennsylvania, Illinois, all with at least populations of 10 million and with subjects tending to have had more reports. The least populous States were Wyoming, Washington, D.C., Vermont, Alaska, North Dakota, South Dakota, Delaware, and Montana, all with populations below 1 million and with subjects tending to have had fewer reports. But subjects from some States, such as Hawaii and Idaho, also had relatively few reports even though these States' populations exceed one million people.

Report numbers for States are also broken down by report type. Table A9 shows the reports for individuals by type of report and State. The majority of reports were State Licensure Actions and Exclusions, which were most frequently submitted for federal actions by CMS. Consistent with the total number of HIPDB reports for individuals, individuals from Texas had the most State Licensure Action reports, 5,739, followed by California, 4,547 reports; Michigan, 3,538; New York, 3,094; and Arizona, 2,804. Individuals with reports from California had the biggest percentage of Federal Licensure and DEA reports (19.7 percent), Exclusion and Debarment reports (11.9 percent), and Health Plan Contract Terminations (27.7 percent). Individuals with the biggest percentage of Judgment or Conviction reports, 21.8 percent, were from Florida. Individuals from Michigan had 16.8 percent of Health Plan Contract Termination reports. All States submitted reports for State Licensure Actions but States with smaller populations (e.g., Washington, D.C., Hawaii, Delaware, Idaho, and Vermont) submitted few licensure reports.

Exclusions or Debarments of individuals followed similar patterns, with individuals from California having had the largest number (2,114 or 11.9 percent) followed by individuals from New York, 1,540 reports; Texas, 1,491; Pennsylvania, 1,091; and Florida, 1,045. Only individuals from 46 States had reports for Judgements or Convictions, only individuals from 21 States had reports for Government Administrative Actions, and only individuals from 30 States had reports for Health Plan Contract Terminations. Individuals from a few States had larger numbers of reports for the latter three categories. Those from Arkansas, with a total of 1,642 HIPDB reports, had 294 Government Administrative Action reports (40.8 percent of these reports); while individuals from California had the largest number of Health Plan Contract Termination reports with 114 (27.7 percent of these reports). Federal Licensure and DEA reports were only indicated for subjects from 42 States, with reports for subjects from California (58) leading.

Reporting for organizations was even more limited. Organizations from 18 States, including those from a few relatively large States such as North Carolina and Massachusetts, had no reports. Most of the organization reports were for Government Administrative Actions, as described in

Table A10. The largest number of reports for these actions, 229, were for organizations from Indiana, more than three times the number of reports for organizations from the second ranked State, Arkansas, which had 64 reports. Out of all organization reports, 22.2 percent were for organizations from Indiana. No Government Administrative Actions were reported for organizations from 31 States.

Table A11 shows the number of individuals with HIPDB reports, and reports per individual with reports for each report type. Most individuals had only a few reports each: sixty-five percent of individuals had only one report and 22.8 percent had only two reports. Only 2.2 percent had five or more reports. A majority of individuals with State Licensure Action reports, 66.5 percent, had only one State Licensure Action report, and only 2.4 percent had five or more State Licensure Action reports. For individuals with Exclusion or Debarment reports, 88.3 percent had only one Exclusion or Debarment report, and only four individuals has five or more of these reports. For Judgment or Conviction reports, 97.6 percent of individuals with these reports only had one and none had five or more. Almost all individuals with Government Administrative reports, 99.0 percent, only had one of these types of reports and no individuals had five or more. For individuals with Health Plan Contract Termination reports, 93.2 percent had only one report and none had five or more of these reports. Almost all individuals with DEA reports, 96.8 percent, had only one of these reports and only one had four of these reports.

Table A12 shows the number of organizations with HIPDB reports, and reports per organization with reports for each type. Most organizations had only a few reports each: 86.0 percent of organizations with reports had only one and 8.9 percent had two reports. Only eight organizations, 1.1 percent, had five or more reports. A majority of organizations with State Licensure Action reports, 85.7 percent, had only one report and only four organizations had five or more State Licensure Action reports (one organization had 10 reports and another had 14 reports). Organizations with State Licensure Action reports had more reports per organization than organizations with other types of reports. For organizations with Government Administrative reports, 81.5 percent had one of these types of reports and three organizations had five or more of these reports. For Exclusion or Debarment reports, 96.1 percent of organizations with these types of reports only had one and only one organization had five or more. Most organizations with Health Plan Contract Termination reports, 86.8 percent, had only one of these types of reports, and none had five or more of these reports. Ten out of the 11 organizations with Judgment or Conviction reports had only one, and only one organization had two of these reports.

Reports on Physicians

Physicians have the second highest number of reports in the HIPDB, just behind Nurses and Nursing-Related Practitioners. As displayed in Table B1, State Licensure Actions made up 14,465 (76.6 percent) of 18,876 total physician reports. This percentage for State Licensure Action reports was nearly equal to the percentage of State Licensure Action reports for all individuals (75.5 percent). Exclusion or Debarment Actions were responsible for 3,912 reports (20.7 percent),

which is similar to the percentage of Exclusion or Debarment Action reports for all individuals (21.4). There were very few other types of reports for physicians. Nearly a third (29.6 percent) of physician Exclusion or Debarment reports were for actions taken prior to August 21, 1996. The number of physician reports for actions taken in 2000 were at least 500 less than each of the numbers of reports for actions taken in 1999, 1998, and 1997. This may point to reporters being more active in retroactive reporting than 2000 reporting, but because the HIPDB has just started and there are no previous years for comparison it is not certain if this is the case. Because entities may report actions thirty days or more after they occur, the data may only represent most, but not all, of 2000 reporting.

Reasons actions are taken against physicians by report type are shown on Table B2. The top reason, besides "Other (Not Classified)", was action taken by Federal/State/Local authorities, 19.8 percent, followed by practices indirectly affecting patient care, unprofessional conduct, and substandard care/services. Similarly, actions taken by Federal/State/Local authorities was also the top reason, beside "Other (Not Classified)", for State Licensure Action reports, 10.9 percent. The next biggest reasons were unprofessional conduct, substandard care/services, and substance abuse. The majority of Exclusion reports had actions taken by Federal/State/Local authorities as their reason, 2,014 reports (54.3 percent). Three other reasons accounted for most of the rest of the Exclusion reports: practices indirectly affecting patient care, criminal convictions, and fraud. Almost all Federal Licensure and DEA reports, 280 out of 283 reports, were submitted because of practices indirectly affecting patient care. Three reasons, beside "Other (Not Classified)" accounted for most Health Plan Contract Terminations: practices indirectly affecting patient care, actions taken by Federal/State/Local authorities, and criminal convictions. Sixty percent of Government Administrative Actions were taken because of fraud and actions taken by Federal/State/Local authorities. "Other (Not Classified)" was the reason for the largest number of HIPDB reports 7,532 (41.7 percent). This is an artifact of "legacy" reporting, as explained earlier.

Table B3 shows the types of actions taken against physicians by the reasons for actions. After "Other (Not Classified)", the largest number of adverse action reports, 3,524 (21.6 percent) were for actions taken by Federal/State/Local authorities, followed by unprofessional conduct and practices indirectly affecting patient care. Probations and suspensions of licenses were 33.1 percent of all adverse actions. Probations of licenses accounted for 39.9 percent of actions taken because of substance abuse, 40.1 percent of unprofessional conduct actions, and 44.7 percent of substandard care/services actions. Exclusions from Medicare/Medicaid/Other Federal Programs made up the largest number of Exclusion actions, accounting for 62.6 percent of adverse actions taken by Federal/State/Local authorities, 38.7 percent of fraud adverse actions, and 37.3 percent of criminal conviction adverse actions. "Other (Not Classified)" was the reason for 37.4 percent of adverse action reports and four-fifths of non-adverse action reports.

The number of reports per physician by State is shown on Table B4. The most physicians with reports, 1,913 and 1,726 respectively, were from California and New York, and physicians from

these States had the most reports, 2,573 and 2,126 respectively. Physicians from California were responsible for 13.6 percent of all physician reports and physicians from New York were responsible for 11.3 percent. After these two States, large numbers of physicians from Pennsylvania and Texas were reported (691 and 660 physicians reported, respectively) and these physicians had many reports (931 and 1,014 reports, respectively). Reported physicians with the most reports per physician were from Virginia, 1.94 reports per physician; Ohio, 1.91; Arkansas, 1.86; Mississippi, 1.78; and South Carolina, 1.73. We do not know if high or low numbers of reports per physician with reports reflect differences in reporting from entities, more or fewer actions taken by entities for physicians from these States, the behavior of professionals in those States, or a combination of these factors. The 17 physicians from South Dakota with one report each; 16 physicians from Delaware with 20 reports; 29 physicians from Wyoming with 40 reports; and 27 physicians from Montana with 40 reports, had the fewest reports and were reported least often among the States. Reported physicians from South Dakota had the fewest reports per physician, 1.0 reports per physician, followed by those from Alaska, 1.10; Washington, D.C., 1.12; Wisconsin, 1.16; and Hawaii. 1.20.

The number of reports for physicians by report type by State is shown on Table B5. Physicians from California also had the most State Licensure Action reports (1,914 reports, 13.2 percent of all physician State Licensure Actions), the most Exclusion reports (603 reports, 15.5 percent of all physician Exclusions), and the most Federal Licensure and DEA reports (53 reports, 18.7 percent of all physician Federal Licensure and DEA reports). The next largest number of State Licensure Action reports, 1,516 reports, were for physicians from New York; 811 reports, physicians from Texas; 806, physicians from Michigan; and 729, physicians from Ohio.

For Exclusion reports, the next largest, 571 reports, were for physicians from New York; 241, physicians from Pennsylvania; 233, physicians from Florida; and 205, physicians from New Jersey. Physicians from eight States had no Exclusion or Debarment reports for actions taken in 2000, and physicians from four States had only one each. The next largest number of Federal Licensure and DEA reports, 20 reports, were for physicians from Texas. Physicians from Washington had the most Judgment or Conviction reports with three and the most Government Administrative Action reports with 14. The largest number of Health Plan Contract Termination reports were for physicians from Michigan, who had 32.

Physicians with the fewest State Licensure Action reports, 12, were from Delaware. Those from Alaska had the fewest Exclusion or Debarment Reports with two, followed by physicians from South Dakota and Wyoming, with three each; Idaho, with four; and Montana, with six. Physicians from eight States had no Federal Licensure and DEA reports: Alaska, Alabama, Wyoming, Vermont, South Dakota, North Dakota, Minnesota, and Maine. Those from 28 States had no Health Plan Contract Termination reports and physicians from 45 States had no reported Government Administrative Actions or Judgments or Convictions.

Reports on Dentists

Dentists have the third highest number of reports in the HIPDB, behind nurses and nursing-related practitioners and physicians. As displayed in Table C1, State Licensure Actions totaled 71.6 percent of all dentist reports. This percentage for State Licensure Action reports was only a little smaller than the percentage of State Licensure Actions reports for all individuals, (75.5 percent). Exclusions or Debarments were responsible for 24.5 percent of reports, which was only a little greater than the percentage of Exclusion or Debarment reports for all individuals (21.4). The other report types combined were responsible for less than 4.0 percent of reports for dentists. Exclusion Action reports made up 98.9 percent of all reports for dentists prior to August 21, 1996. Except for 1997, with 301 reports, prior to August 21, 1996 was the year of action taken with the most Exclusion or Debarment Action reports. The largest number of State Licensure Action reports, 903, came from 1997, making up 25.3 percent of all State Licensure Action reports.

Table C2 shows the reasons for actions taken against dentists by report type. Besides "Other (Not Classified)", the biggest reason for dentist reports was practices indirectly affecting patient care, 19.7 percent of all reports, followed by substandard care/services, actions taken by Federal/State/Local authority, and unprofessional conduct. The biggest reason for State Licensure Action reports, after "Other (Not Classified)", was substandard care/services, 13.7 percent of these reports, followed by unprofessional conduct, substance abuse, and practices indirectly affecting patient care. For dentists, the largest number of Exclusion or Debarment Reports with reasons was taken because of practices indirectly affecting patient care, 57.7 percent of these reports, followed by actions taken by Federal/State/Local authority, fraud, and patient abuse. Most Health Plan Contract Terminations were taken because of practices indirectly affecting patient care, 88 reports (53.3 percent); followed by actions taken by Federal/State/Local authority, criminal convictions, substandard care/services, and fraud and unprofessional conduct. More than two-thirds (68.8 percent) of Federal Licensure and DEA reports, were taken because of practices indirectly affecting patient care. "Other (Not Classified)" was the reason for 1,782 reports for dentists, or 36.9 percent of all reports. This reflects "legacy" reporting, as explained earlier.

The types of actions taken against dentists by the reasons for the actions are shown in Table C3. Most types of reports on dentists were for adverse actions. Besides "Other (Not Classified)", the biggest percentage of adverse actions were for practices indirectly affecting patient care, 18.0 percent. Practices indirectly affecting patient care accounted for 41.3 percent of non-adverse action reports for dentists. Probations of Licenses made up 27.8 percent of all adverse actions for dentists. They also accounted for 49.2 percent of all actions taken because of substance abuse, 42.0 percent of unprofessional conduct actions, and 63.5 percent of substandard care or services actions. Exclusions from Medicare/Medicaid/Other Federal Programs accounted for 28.7 percent of actions taken because of practices indirectly affecting patient care, which was the reason for 57.1 percent of these Exclusions. For adverse actions, 35.7 percent were reported with "Other (Not

Classified)" as their reason, and for non-adverse action reports, 51.2 percent were reported with "Other (Not Classified)" as their reason.

Table C4 shows, for each State, the number of dentists with reports, their number of reports, and the number of reports per dentist with reports. Dentists from California and Ohio were reported the most, 343 and 250 dentists reported respectively, and had the largest number of reports, 434 and 404 respectively. Those from California had 8.7 percent of dentist reports and dentists from Ohio had 8.1 percent. After California and Ohio, 217 dentists from Florida with 267 reports, 215 dentists from New York with 271 reports, and 209 dentists from Michigan with 342 reports were reported the most and had the most reports. Michigan is the only State among the top five States for each of these categories: the most dentists, most dentists with reports, and the most dentists per dentists with reports. Reported dentists from Massachusetts had 1.75 reports per dentist, the highest for reported dentists among the States, followed by those from Minnesota, 1.74; Connecticut, 1.70; New Hampshire, 1.67; and Michigan, 1.64. States from which dentists were reported the least often and had the fewest reports per dentist were North Dakota, zero dentists with reports; Vermont and Wyoming, two dentists with one report each; and Delaware, three dentists with one report. Reported dentists from seven States who had in total less than 10 dentist reports for each State, had only 1 report per dentist: Delaware, Montana, Rhode Island, South Dakota, Vermont, West Virginia, Wyoming. As discussed in the narrative for Table A4 for physicians, it is not certain whether high or low numbers of reports per dentist with reports is indicative of better reporting, more or fewer actions being taken, or the behavior of dentists.

The number of reports for dentists by report type by State are shown in Table C5. For State Licensure Actions, the largest report type category, dentists from Ohio had the most reports with 363, followed by those from Michigan with 280 reports; Arizona, 230; Colorado, 216; and Florida, 203. Dentists from North Dakota, South Dakota, Wyoming, and Washington, D.C., had no State Licensure Action reports. Dentists from five States had the most Exclusion or Debarment reports: California, 156 reports, Pennsylvania, 138 reports; New York, 133; Florida, 61; and Texas, 59. Those from Montana, North Dakota and Vermont had no Exclusion or Debarment reports. For Health Plan Contract Terminations, dentists from California had the most with 97, followed by those from Michigan with 22 reports; Massachusetts, 12; New York, 10; and Florida and Kansas, three each. Dentists from 35 States had no Health Plan Contract Termination reports. Those from California and Michigan were the only ones with more than one Federal Licensure and DEA report; dentists from California had four and those from Michigan had 5. Dentists from 41 States had no reported Health Plan Contract Termination reports. Those from Washington had two Judgment or Conviction reports, and those from Kentucky, Missouri, South Carolina, Tennessee each had one Judgment or Conviction report. Dentists from 45 States had no Judgment or Conviction reports. No dentists from any States had Government Administrative Action reports.

Reports on Nurses

Table D1 presents cumulative data on the number of HIPDB reports by report type for all types of nurses and each nurse type, such as Registered Nurses (RNs) and LPNs and Nurses Aides. Cumulatively, most reports on all types of nurses, 85.5 percent, were State Licensure Actions. Only 12.9 percent were for Exclusions and Debarments and 1.4 percent were for Government Administrative Actions. Federal Licensure and DEA, Health Plan Contract Terminations, and Judgments or Convictions all were less than one percent each of reports for nurses. The great majority of reports for RNs and LPNs, about 98.0 percent, were for State Licensure Actions. Nurses Aides, though, had mostly Exclusion reports; 60.8 percent of Nurses Aides reports were for Exclusions or Debarments. State Licensure Actions reports made up 30.8 percent of Nurses Aides reports. Government Administrative action reports made up 7.6 percent of Nurses Aides reports. The rest of the report type categories were less than one percent of Nurses Aides reports. Most Home Health Aide reports, 93.5 percent, were for Exclusions.

The number of reports for nurses of various types for each State is shown in Table D2. All types of nurses from Texas had the most reports, 5,024, followed by those from California with 2,210 reports; Arizona, 2,131; Louisiana, 2,130; and Alabama, 1831. Nurses Aides from Virginia had the most reports, 998, followed by those from Texas with 815 reports; Arkansas and Washington, 412 reports each; and California, 411. Home Health Aides from Mississippi had the most reports with 31, followed by those from California with 27; South Carolina, 26; Washington, 22; and Oklahoma, 19. All types of nurses from these States had the fewest reports: Washington, D.C., four reports; Hawaii, 28; Idaho, 85; Alaska, 94; and Wyoming, 112. Nurses Aides from these States had the fewest reports: Hawaii, one report; Washington, D.C. and Wyoming, three reports each; Nebraska, four; and North Dakota, eight. Home Health Aides from 10 States had no reports.

One can also look at the ratio of all types of nurse reports to physician reports by State. The States with the largest ratios were South Dakota, with 12.7 nurse reports for each physician report; Arkansas and Louisiana, 9.6 each; Delaware, 7.0; Alabama and New Hampshire, 6.9 each. The States with the smallest ratio were Washington, D.C., with only 0.07 nurse reports for every physician report; Florida, 0.16; New Jersey, 0.49; Hawaii, 0.52; and New York, 0.59. All types of nurses from Louisiana and Alabama had some of the highest numbers of reports, while all types of nurses from Washington, D.C. and Hawaii had some of the fewest. Of these States, physicians from New York had some of the highest numbers of reports, while physicians from South Dakota and Delaware had some of the fewest. All types of nurses from Louisiana and Alabama had some of the highest numbers of reports, while those from Hawaii and Washington, D.C., had some of the fewest.

Reports on Registered Nurses (RNs)

Reports for RNs made up 53.9 percent of reports for all types of nurses. Almost all RN reports, 22,543 out of 22,900 (98.4 percent) were for State Licensure Actions. RNs include non-specialist

registered nurses, nurse anesthetists, nurse midwives, and nurse practitioners. Table E1 shows the years for which actions were taken. The largest number of the State Licensure Actions reports, 6,852, were for actions taken in 1998. This made up 29.9 percent of these reports. A comparatively fewer State Licensure Action reports, 5.3 percent, were for actions taken in 2000. The majority of Exclusion or Debarment reports, 61.3 percent, were for actions taken in 2000.

Table E2 shows the reasons for actions taken against RNs by report type. After "Other (Not Classified)", the largest number of reports concerned substance abuse, 4.1 percent. Almost all of these reports, 900 out of 903, were reported for State Licensure Actions. The next largest number of reports, 2.0 percent, concerned actions taken by Federal/State/Local authorities. The majority of these reports, 56.6 percent, were reported as Exclusion or Debarment reports. The rest of the reasons made up, all together, less than 6.0 percent of all RN reports. The majority of RN reports, 88.1 percent, had "Other (Not Classified)" as their reason. This reflects the more than 80 percent of RN reports that are "legacy" State Licensure Action reports which have "Other (Not Classified)" as their reason.

The type of actions taken against RNs by the reasons for the actions are shown in Table E3. Most types of reports on RNs were for adverse actions. As shown in Table E3, 88.7 percent were adverse, with only 11.3 percent non-adverse. Beside "Other (Not Classified)", substance abuse was the reason with the largest percentage of RN adverse action reports, 4.6 percent. Suspensions of licenses, 28.1 percent of all adverse actions, made up 51.1 percent of all actions taken because of substance abuse. Exclusions from State health care programs made up 56.6 percent of all actions taken by Federal/State/Local authorities. Denials of license renewals made up 43.2 percent of all actions taken because of practices indirectly affecting patient care, which accounted for 83.7 percent of these denials. The largest percentage of adverse actions, 86.6 percent, and non-adverse actions, 51.2 percent, were reported with "Other (Not Classified)" as their reason.

The number of reports per RN per State is shown in Table E4. RNs from Texas were reported the most and had the most reports, with 1,597 reported RNs and 3,176 reports. Those from Arizona, 859 RNs with 1,626 reports; Michigan, 665 RNs with 1,077 reports; and Louisiana, 589 RNs with 1,638 reports, all also were reported often and had some of the largest numbers of reports. Reported RNs from Georgia had the highest number of reports per RN, 3.45, or two times the average number of reports per RN with reports, followed by RNs from South Carolina, 3.08 reports per RN; Kentucky, 2.79; Louisiana, 2.78; and Wyoming, 2.28. As discussed in Table A4 for physicians, it is not certain whether high or low numbers of reports per professionals with reports reflects better reporting by entities, professionals' behavior, or more actions taken by entities in these States. RNs from Georgia, with 1,188 reports, also ranked third highest in their number of reports among reported RNs from each State. The RNs which were reported the least and with the fewest reports were from Washington, D.C., zero RNs reported; Florida, two reported with one report each; Indiana, seven with nine reports; Vermont, 22 with 25 reports; and Hawaii, 23 with one report each. After reported RNs from Washington, D.C., who had zero reports per RN,

reported RNs from Hawaii and Florida had the fewest number of reports per RN, 1.0, followed by those from Wisconsin and New York, with 1.02 reports per RN.

Table E5 shows the number of reports for RNs by Report Type by State. RNs from Texas had the most State Licensure Action reports with 2,989; followed by those from Louisiana, 1,634 reports; Arizona, 1,626; Georgia, 1,187; and Michigan, 1,077. RNs with the fewest State Licensure Action reports were from Washington, D.C. and Florida, having no reports. Those from Indiana with eight reports, Hawaii with 22, and Vermont with 25 also had few of these types of reports. For Exclusion or Debarment reports, RNs from Texas has the most with 187 and those from Pennsylvania had the next most with 76. RNs from all the other States had less than 10 Exclusion or Debarment reports. Those from Texas were responsible for 18.8 percent of all reports for RNs, 13.3 percent of State Licensure Action reports for RNs and 58.8 percent of Exclusion or Debarment reports for RNs. RNs from West Virginia had 28 out of the 31 Government Administrative Action reports for RNs.

Reports on Licensed Practical Nurses (LPNs) and Nurses Aides

Reports for LPNs and Nurses Aides made up 45.4 percent of reports for all types of nurses. The reports for LPNs and Nurses Aides by year of action taken are shown in Table F1. Most LPN reports, 71.5 percent, were for State Licensure Actions, while Exclusion or Debarment reports accounted for 25.2 percent of LPN reports. This is unlike RNs, whose reports were almost all for State Licensure Actions. Government Administrative Actions accounted for only 3.0 percent of reports and Judgment or Conviction reports were 0.3 percent. LPNs had no Federal Licensure and DEA or Health Plan Contract Termination reports. 1998 was the year of action with the largest number of LPN reports, 5,151, with 77.5 percent of them State Licensure Actions and 19.2 percent Exclusion or Debarment reports. The year of action taken with the largest number of State Licensure Action reports was 1998, with 3,993 reports. For Exclusion or Debarment reports, the year of action taken with the most reports was 2000, with 1,773 reports, making up 36.5 percent of all LPN reports.

The reasons for actions taken against LPNs by report type are shown in Table F2. After "Other (Not Classified)", the next biggest percentage of reports, 18.2 percent, were reported because of actions taken by Federal/State/Local authority. Of these particular reports, 98.3 percent were for Exclusions or Debarments. Criminal convictions was the reason for 7.9 percent of reports, with 72.6 percent of them Exclusion or Debarment reports; the rest were reported as State Licensure Actions. The next biggest reason, patient abuse, accounted for 5.3 percent of reports, with 58.9 percent reported as State Licensure Actions; the rest were reported as Government Administrative Actions. The rest of the reasons made up, for each, less than 5.0 percent of the basis for all LPN reports. Most LPN reports, 53.5 percent, had "Other (Not Classified)" as their reason, with 99.3 percent of them being for State Licensure Actions. This reflects "legacy" reporting, as explained earlier.

Table F3 shows the type of actions taken against LPNs by the reasons for the actions. Most types of reports on LPNs were for adverse actions. According to Table F3, 95.6 percent of reports were adverse, with only 4.4 percent non-adverse. After "Other (Not Classified)", the reason with the biggest percentage of adverse action reports was actions taken by Federal/State/Local Authority, 18.8 percent. Revocations of licenses, 14.0 percent of all adverse actions, accounted for 51.3 percent of actions taken because of unprofessional conduct and 46.1 percent of actions taken because of patient abuse. All reprimands, censures, and voluntary surrenders, 16.7 percent of all adverse actions, had "Other (Not Classified)" as their reason for action taken. Exclusions from Medicare/Medicaid/Other Federal programs were 21.5 percent of all adverse actions, and they made up 56.3 percent of all actions taken because of criminal convictions and 82.3 percent of all actions taken by Federal/State/Local authorities. The largest percentage of adverse actions, 51.7 percent, and non-adverse actions, 93.3 percent, were reported with "Other (Not Classified)" as their reason.

The number of reports per LPN and Nurses Aide by State are shown in Table F4. LPNs and Nurses Aides from Texas and California were reported the most (1,525 and 906 LPNs and Nurses Aides reported respectively) and had the most reports (1,837 and 1,344 respectively). Those from Virginia (852 LPNs and Nurses Aides with 1,309 reports) and Alabama (683 with 974 reports) were also reported more and had large numbers of reports. Reported LPNs and Nurses Aides from Kentucky had very high numbers of reports per LPN/Nurses Aide, 2.48, which was 1.8 times the average of reported LPNs from all the States. Reported LPNs and Nurses Aides from South Carolina, 1.99 reports per LPN/Nurses Aide; North Dakota, 1.82; Minnesota, 1.80; and Arizona, 1.66, also had high numbers of reports per LPN/Nurses Aide. Those that were reported the least and had the fewest reports were from: Washington, D.C., three LPNs and Nurses Aides with one report each; Hawaii, five with one report each; Wyoming, 16 with 23 reports; Alaska, 38 with 48 reports; and Idaho, 38 with 44 reports. Reported LPNs and Nurses Aides from States with the fewest reports per LPN were: Washington, D.C., and Hawaii, 1.00 reports per LPN; Indiana, 1.01; Florida, 1.03; and Wisconsin, 1.04. It is not certain what high or low numbers of reports per professional with reports represent: better reporting, more actions taken by entities for professionals in these States, or the behavior of professionals.

Table F5 shows the number of reports for LPNs and Nurses Aides by report type and State. LPNs and Nurses Aides from Texas had the most State Licensure Action reports, 1,342, and the most Exclusion or Debarment reports, 491. Those from California, 932 reports; Virginia, 931; Washington, 668; and Alabama, 667, had the next largest numbers of State Licensure Action reports. LPNs and Nurses Aides with the fewest State Licensure Action reports were from Washington, D.C. and Florida, having zero reports; Hawaii, four; Indiana, seven; and Wyoming, 20. After LPNs and Nurses Aides from Texas, those with the most Exclusion or Debarment reports were from Virginia, 378 reports; California, 324; Alabama, 307; and Mississippi, 257. LPNs and Nurses Aides from Alabama had 47.4 percent of their Exclusion or Debarment reports for actions taken in 2000, while those from Mississippi had only 25.7 percent of their reports'

actions taken in 2000. LPNs and Nurses Aides with the fewest Exclusion or Debarment reports were from Hawaii, having 1 report; Wyoming and Washington, D.C., three each; Nebraska, four; and Montana, six. Those from Arkansas had the most Government Administrative Action reports with 293, followed by those from Indiana, 173; California, 88; and Delaware, 13. LPNs and Nurses Aides from all the other States had five or fewer of these reports, with those from 39 States having none of these reports. Those from Maryland and Tennessee each had 15 Judgment or Conviction reports, with the rest of the LPNs and Nurses Aides from States having 10 or less reports each.

Reports on "Other Professionals"

A variety of other professional types have reports in the HIPDB. These "Other Professionals" are a very diverse group, including health care practitioners, such as physician assistants, dental assistants and respiratory therapists, and non-health care professionals, such as facility administrators, accountants, insurance agents, and several other professional types. Because of this diversity, it is likely that there were significant differences in reporting within this category among the different types of "Other professionals."

The largest category of "Other Professionals" types is non-healthcare professionals with 2,750 professionals who had 3,118 reports, as shown in Table G1. These non-healthcare professionals include: adult care facility administrators, hospital administrators, long term care facility administrators, clinical researchers, insurance agents and brokers, business managers and owners, salespeople, accountants, corporate officers, and bookkeepers. Pharmacists and pharmacy assistants made up the second largest category of "Other Professionals", 2,279 practitioners who had, in total, 2,965 reports, followed by chiropractors, psychology-related practitioners, and podiatrists and podiatric-related practitioners. The category of "Other Professionals" with the highest number of reports per professional were homeopaths and naturopaths, 2.00 reports per professional with reports; optical-related practitioners, 1.66; podiatrists and podiatric-related practitioners, 1.44; and physician assistants and medical assistants, 1.42.

The reports for "Other Professionals" by year of action taken and report type are shown on Table G2. A majority of reports, 54.9 percent, were for State Licensure Actions, with the next largest number, 37.5 percent, for Exclusions or Debarment reports. Judgment or Conviction reports made up 6.6 percent of other professional reports. The rest of the report types made up less than one percent. For the years the State Licensure Actions were taken, 2000 and 1999 had the most reports, 2,129 and 2,028, respectively. Together, they made up 28.0 percent of the State Licensure Action reports for "Other Professionals." Exclusion or Debarment reports made up 60.2 percent of all other professional actions taken prior to August 21, 1996, while State Licensure Action reports made up only 39.4 percent of these reports.

Table G3 shows the reasons for actions taken against "Other Professionals" by report type. Besides "Other (Not Classified)", the biggest reason for "Other Professionals" was practices

indirectly affecting patient care, 18.1 percent; followed by fraud, actions taken by Federal/State/Local Authority, and unprofessional conduct. After "Other (Not Classified)", most State Licensure Action reports, 19.4 percent of these reports, were taken because of unprofessional conduct. For Exclusion or Debarment reports, the most common reasons were practices indirectly affecting patient care, 37.8 percent, and fraud, 34.6 percent. About a fifth of reports, 22.9 percent, had "Other (Not Classified)" as their reason, which reflects "legacy reporting", as explained earlier. "Other Professionals" had few of the other report types.

The types of actions taken against "Other Professionals" by the reasons for the actions is shown in Table G4. Most types of reports on "Other Professionals" were for adverse actions. After "Other (Not Classified)", the biggest reason for reports was fraud, 17.6 percent of adverse action reports. Most non-adverse actions, 71.3 percent, were reported with practices indirectly affecting patient care as their reason. For adverse State Licensure Actions, the largest percentage reported were probations of licenses, 15.2 percent of all adverse actions. For adverse Exclusion or Debarment actions, the largest percentage reported were Exclusions from Medicare, Medicaid and other Federal programs, 23.2 percent of all adverse actions. Most non-adverse actions were reinstatements of Exclusion actions, 87.8 percent of all non-adverse actions. Very few non-adverse actions prior to August 21, 1996 were reported, only 0.5 percent of reports prior to enactment of the HIPDB authorizing legislation. The largest percentage of adverse actions, 23.2 percent, were reported with "Other (Not Classified)" as their reason.

Table G5 shows by State the number of "Other Professionals" with reports the number of reports per professional with reports. "Other Professionals" from California and Michigan were reported the most, 1,403 and 923 reported "Other Professionals" respectively, and had the highest number of reports, 1,611 and 1,253 respectively. Those from Florida, 849 with 1,014 reports, and New York, 847 with 973 reports, also were reported more and had high numbers of reports. Reported "Other Professionals" with the highest number of reports per other professional were from Washington, 1.63 reports per other professional with reports; Nebraska, 1.50; and Minnesota, Rhode Island, and Virginia, all with 1.40. As discussed above, because of uncertainty about interpretation of the data, it is not certain that high or low numbers of reports per professional with reports reflects better reporting, more actions taken or professional behavior. "Other Professionals" who were reported the least and had the fewest reports were from: Wyoming, 12 reported professionals and 14 reports; North Dakota, 13 with 17 reports; Washington, D.C., 14 with 16 reports; South Dakota, 15 with 17 reports; and New Hampshire, 19 with 22 reports. Reported "Other Professionals" from States with the fewest number of reports per other professional were from Arkansas, 1.07 reports per other professional; New Mexico, 1.08; Georgia and Ohio, 1.09 each; and Maine, North Carolina, and Wisconsin, 1.10 each.

The number of reports by State for "Other Professionals" by report type are shown in Table G6. "Other Professionals" from Washington, D.C. and Rhode Island had zero State Licensure Action reports, while "Other Professionals" with the fewest reports were Delaware two reports; Idaho,

three; and New Hampshire, five. "Other Professionals" with the most State Licensure Action reports were from: Michigan, 995 reports; California, 692; Virginia, 691; Pennsylvania, 558; and Texas, 493. "Other Professionals" from California had the most Exclusion or Debarment reports with 854, followed by those from Florida, 536; New York, 471; Pennsylvania, 371; and Texas, 348. "Other Professionals" with the fewest Exclusion or Debarment reports for "Other Professionals" were from: Wyoming, two reports; Alaska and North Dakota, eight each; and South Dakota and Washington, D.C., 10 each. "Other Professionals" from Florida had the most Judgment or Conviction reports with 236, followed by New York, 70; Texas, 59; Pennsylvania, 57; and California, 55. States with no Judgment or Conviction reports for "Other Professionals" were Alaska, Hawaii, Mexico, and Wyoming. "Other Professionals" from Michigan had the most Health Plan Contract Termination reports, 25, followed by California, which had 14. All "Other Professionals" from the remaining States had less than five Health Plan Contract Termination reports. "Other Professionals" from two States, Arizona and Texas, had 34 Government Administrative Action reports, while all the "Other Professionals" from the remaining States had less than four of these kinds of reports. Only "Other Professionals" from Washington and California had Federal Licensure and DEA reports, one each.

HIPDB Reporters

Three-hundred and seventy-eight entities, all currently active as of December 31, 2000, have reported at least once to the HIPDB. They filed a total⁶ of 83,549 reports, as shown on Table H1. Most of these currently active entities, 76.5 percent, were licensing agencies, submitting 75.3 percent of these reports. DHHS submitted all Exclusion or Debarment reports, 19.7 percent of reports from active reporters. Fifty-two health plans and insurance companies, 13.8 percent of active entities, submitted 0.6 percent of these reports. Reports submitted by 25 government health care program administration entities totaled 20.3 percent of these reports. The DEA submitted only 0.4 percent of reports, and two active law enforcement agencies submitted 1.0 percent of these reports. Four peer review, accreditation, survey & certification agencies submitted 1.0 percent of these reports.

There was a total of 389 entities who have ever reported to the HIPDB, including those currently active as of December 31, 2000 and those who are not currently active. (Eleven State Licensing Agencies had reported to the HIPDB but are no longer currently active as of December 31, 2000.) These entities submitted a total of 83,850 reports. Most of these reporters were State licensing agencies, 77.1 percent of all entities who have ever reported. They submitted 75.4 percent of all reports.

⁶The total excludes 181 reports submitted to the NPDB by entities later changing their registration to Authorized Agent.

HIPDB Queries

A total of 2,320 entities account cumulatively for 933,988⁷ queries to the HIPDB, as shown on Table H2. By far the largest number of querying entities to the HIPDB were health plans and insurance companies, which included 965 querying entities with 765,771 queries (82.0 percent of all queries). Government hospitals⁸ were the next largest, with 676 querying entities and 9.3 percent of queries, followed by other health care entities, with 532 querying entities and 6.9 percent of queries, and licensing agencies, 64 querying entities and 1.0 percent of queries. Groups with less than one percent of queries were: entities which changed their registration to "Authorized Agent"; law enforcement agencies; peer review, accreditation, survey & certification agencies; professional societies; government health care program administration; and malpractice payers.

Table H3 shows the number and percent of queries matched to the HIPDB through 2000. Out of all 969,925 queries to the HIPDB, 115,905, or 11.9 percent, were matched. Out of the 933,988 queries made by entities, 112,892, or 12.1 percent, were matched with reports in the HIPDB. Total self-queries totaled 35,937, with 3,013, or 8.4 percent, matched with reports in the HIPDB.

Secretarial Reviews of HIPDB Reports

If subjects are dissatisfied with the results of their efforts to have reporters modify or void disputed reports, they may seek a "Secretarial Review." Table I1 shows the number and percent for Secretarial Review requests by report type and outcome. Most of the requests, 57 out of 71 (80.3 percent) were for State Licensure Action reports, 16.9 percent were for Government Administrative Action reports and 2.8 percent were for Judgment or Conviction reports. Over half of its requests, 57.8 percent, were unresolved at the end of 2000. This reflects that many requests were received later in the year. For completed cases, 18.3 percent were determined to be out of scope (the issues in dispute can not be evaluated by Secretarial Review because they do not dispute the report's factual accuracy or that the report was required to be submitted to the HIPDB); 11.3 percent closed by intervening action (an event, such as the reporter correcting the report or the subject taking the report out of Secretarial Review, occurs that ends the dispute/review process); 8.5 percent determined in favor of the entity; 2.8 percent in favor of the practitioner or organizations; and 1.4 percent were closed out administratively (closed by DPDB because the subject did not respond to requests for information or clarification).

⁷Total includes 33,296 self-queries.

⁸Hospitals querying the HIPDB included 237 Federal Hospitals and 439 State Hospitals. Non-Government Hospitals are not allowed to query by law unless they meet the definition of a health plan.

Reports Analysis

Data on reportable actions can be examined in many ways to discover patterns and relationships. In this report we have chosen to compare the number and percent of all reports for each State that pertain to four types of professionals (physicians, dentists, RNs, LPNs and Nurses Aides). We will also look at the most active and least active States for certain reporting categories, such as State Licensure Actions and number of professionals reported, and contrasts in reporting different types of actions among the 50 States and the professional groups. The percentages of State Licensure Action and Exclusion or Debarment reports with specified reasons for actions for the professional groups are also discussed. Then "legacy" reports and reports with "Other (Not Classified)" for a reason, and their impact on HIPDB data, are examined. Lastly, we look at HIPDB reporting for the professional groups and for the States.

Interpretation of these data is difficult. Because 2000 was the first full year for HIPDB reporting, it is unlikely that all entities are fully and consistently reporting, especially DEA and Judgment or Conviction reports, which have lower than expected numbers. The addition of retroactive reports complicates matters, because entities have had to review their records since August 21, 1996, the date of enactment of the law establishing the HIPDB, in order to report actions to the HIPDB. Doing so and reporting fully is a difficult task for some entities, and errors in year action taken and other variables are more likely to occur. Because of these reporting issues, we do not know for certain if the reporting is a reflection of actions taken against subjects or a reflection of current progress in reporting. Because the HIPDB has just started collecting data, there are no previous years of reporting for comparison. Therefore, we are hesitant to conduct a more comparative analysis and to interpret findings until we have a complete data set.

Comparison of Professional Types' Reports by State

Table J1 shows the number and percent of all reports for each State that pertain to four types of professionals (physicians, dentists, Registered Nurses (RNs), LPNs/Nurses Aides). For example, physicians were responsible for 11.5 percent of all reports for Alabama professionals; dentists were responsible for 2.4 percent; RNs for 37.4 percent; and LPNs/Nurses Aides for 42.6 percent. If reporting were complete and all reporters acted similarly, we would expect that the percentages for each practitioner type would be similar across the States. However, boards are independent. Generally, some boards are more proactive than others in taking actions, even within the same State. Yet we find that physicians were responsible for 58.6 percent of all reports for Washington, D.C. practitioners, but only 6.6 percent of reports from South Dakota. The national average was 22.8 percent.

Similarly, dentists were responsible for 19.2 percent of reports for four practitioner types from Washington, D.C. but no reports at all from North Dakota. RN percentages ranged from 62.1 percent of all reports for professionals from Louisiana to zero percent (no reports) for Washington, D.C. professionals. Percentages for LPNs and Nurses Aides ranged from 48.8 percent of all

reports for professionals in Vermont to 3.0 percent of all reports for professionals from Washington, D.C.

Referring back to Table A9, which describes the number of reports for all professional types by type of report and State, it is also apparent that States had different types of reports for their professionals. Most States' reports concerned State Licensure Actions and Exclusions. But some States dominated the number of reports of specific types. For example, 40.8 percent of all Government Administrative Action reports (294 out of 721) concerned Arkansas professionals and 27.7 percent of all Health Plan Contract Termination reports for individuals (114 out of 411) were for California professionals. A total of 19.7 percent of all Federal Licensure and DEA reports concerned California professionals (58 out of 295) while professionals in nine States had no Federal Licensure and DEA reports. Professionals from States that had no reports, throughout this Annual Report, may have had no actions taken against them, or the relatively new requirement of reporting to the HIPDB may have resulted in no reports on them being filed yet. A larger number of Judgment or Conviction reports, 236 (21.8 percent) out of 1,081 reports, concerned Florida professionals. And a few States that might be expected to have fewer reports, such as West Virginia, Alabama, Kentucky, and Louisiana, had substantial numbers of reports, mainly for State Licensure Actions and Exclusions.

It is impossible to interpret definitively the substantial differences among States shown in Tables J1 and A9. The figures could reflect actual differences in the behavior of the various types of professionals in different States, differences in how State boards and other reporting entities take (or do not take) actions, or differences in reporting either "legacy" actions, current actions, or both. The observed differences probably represent a combination of all three of these explanations. The situation may become more clear as additional data are received in future years.

Reports per Population Ratio

Table J2 shows the total populations of the States for 2000 according to the U.S. Census and the number of reports per 100,000 people for individuals and each of the professional types. By showing the ratio of reports to State populations, these data may show which individuals from which States are more actively or less actively reported. Still, a majority of reports were "legacy" and retroactive reports that were for actions taken in years before 2000. Since individuals from different States had different numbers of retroactive reports, reporting activity may actually reflect higher or lower levels of retroactive reporting. Differences in retroactive reporting and progress in reporting, entities and State boards reporting differently, and some professionals behaving differently may all contribute to different reports per populations ratios.

With 69.0 reports per 100,000 people, individuals from Mississippi had the highest proportion of the States, followed by individuals from Arkansas, 61.4; Arizona, 60.6; Louisiana, 59.0; and North Dakota, 53.4. These individuals were not from States with the highest populations. But higher numbers of nurses, RNs and LPNs, were reported from these States. Since many reports for all

types of nurses were "legacy" retroactive ones, these higher ratios may reflect more retroactive reporting for individuals from these States. Those with the fewest per 100,000 people were individuals from Indiana, 7.5 reports per 100,000 people; Wisconsin, 10.9; Hawaii, 11.7; Idaho, 13.9; and Florida, 15.1. Nurses of all types from Indiana, Florida, and Hawaii were not reported as often as nurses from other States, which may have resulted in individuals from these States having lower reporting ratios. This lower reporting rate may also point to more retroactive and "legacy" reporting of individuals from these States.

For physicians, those with the most reports per 100,000 people were from North Dakota, 15.4 reports per 100,000 people; New York, 11.2; West Virginia, 11.0; Vermont, 10.8; and Alaska, 10.5. Those with the fewest per 100,000 people were from Indiana, 1.6 reports per 100,000 people; South Dakota, 2.3; Wisconsin, 2.4; Delaware, 2.6; and New Mexico, 2.7. For dentists, those with the most reports per 100,000 people were from Colorado, 5.2 reports per 100,000 people; Arizona, 4.8; Oregon, 3.9; Ohio, 3.6; and Alaska, 3.5. Those with the fewest per 100,000 people were from North Dakota, zero reports per 100,000 people; South Dakota, 0.1; Montana and Vermont, 0.3 each; Arkansas, Delaware, New Hampshire, West Virginia, and Wyoming, 0.4 each. Zero or few reports for individuals from States for any of the professionals may have resulted because no actions were taken or because HIPDB reporting is a relatively new requirement.

RNs from Louisiana had the most reports per 100,000 people with 36.7 reports per 100,000 people, followed by those from Arizona, 31.7; Mississippi, 24.2; Kentucky, 22.1; and Arkansas, 20.2. All except for individuals from Kentucky had the highest ratios among all types of individuals from States. Since a majority of RN reports are "legacy" retroactive ones, these States were more active in retroactive reporting. Those with the fewest per 100,000 people were from Florida and Washington, D.C., zero reports per 100,000 people; Indiana, 0.1; Hawaii, 1.9; and Idaho, 2.3. Individuals from Florida, Hawaii, and Indiana all had some of the lowest ratios among individuals from the States. LPNs and Nurses Aides from Arkansas had the most reports per 100,000 people,

followed by those from Mississippi, 26.5; Alabama, 21.9; New Hampshire, 21.8; and Vermont, 20.2. Those with the least were from Hawaii with 0.4 reports per 100,000 people; Washington, D.C., 0.5; Florida, 0.9; New Jersey, 1.2; and Wisconsin, 1.5. For "Other Professionals," those with the most reports per 100,000 people were from Michigan, 12.6; Virginia, 11.5; Washington, 9.9; Nebraska, 9.3; and Alaska, 9.1. Those with the fewest per 100,000 people were from North Carolina, 1.4 reports per 100,000 people; Indiana, 1.6; New Hampshire, 1.8; Idaho, 2.0; and West Virginia and Alabama, 2.2 each.

Most Active and Least Active States

The most active and least active States in number of individuals with reports, total reports, State Licensure Action reports, Exclusion or Debarment reports, and reports per individual with report are described below. The most active States tend to be those with larger populations, such as California, and the least active States tend to be those with smaller populations, such as Wyoming

and South Dakota. But there are large States like New York that are not represented as among the most active, as well as small States like North Dakota that are not among the least active. It is not certain State population sizes were responsible for differences among the States or that their differences reflect the behavior of the various types of professionals. It is possible that States' boards and other reporting entities may take (or not take) actions in different ways, and differences in reporting may reflect either "legacy" actions, current actions, or both. The situation may become more clear as additional data are received in future years.

The States that consistently had the most individuals with reports across the professional groups are Texas and California. They were among the most active five States with the most individuals with reports for four out of the five professional groups. Wyoming, Washington, D.C. and South Dakota consistently had the fewest individuals with reports across the professional groups. Wyoming was among the least active five States for four out of the five professional groups, and Washington, D.C. and South Dakota were among the least active for three out of the five professional groups.

Texas, Michigan, California, and New York were the States that consistently had the most reports across the professional groups. California and Michigan were among the five most active reporting States for four out of the five professional groups. Texas and New York were among the five most active for three out of the five professional groups. Individuals from none of these States had the highest number of reports per 100,000 people among individuals from each of the States. They were either slightly above or below average (29.4 reports per 100,000 people): individuals from Michigan had 42.2 reports per 100,000 people; Texas, 35.3; New York, 25.1; and California, 20.0. Wyoming, Washington, D.C., and South Dakota were the States that consistently had the fewest reports across the professional groups. Wyoming was among the five least active for four of the five professional groups, and Washington, D.C. and South Dakota were among the five least active for three out of the five professional groups. Individuals from South Dakota and Wyoming had slightly above average levels of reports per 100,000 people with, respectively, 34.2 and 34.6 reports per 100,000 people. Individuals from Washington, D.C. had a below average ratio: 17.3 reports per 100,000 people.

Texas and Michigan were among the five most active State Licensure Action reporting States for four out of the five professional groups, and California was among the five most active for three out of the five professional groups. It is possible that licensing boards of all professional groups in Texas and Michigan were more active in reporting. It is not certain, though, that the States' boards were just better at reporting actions or whether the States' boards just took more actions that were reportable. Washington, D.C. and Delaware were the States that consistently reported the fewest State Licensure Actions across the professional groups. Washington, D.C. was among the five least active for four out of the five professional groups, and Delaware was among the five least active for three out of the five professional groups.

California was among the five most active Exclusion or Debarment Action reporting States for all the professional groups, and Pennsylvania and Texas were among the five most active for four out of the five professional groups. South Dakota, Wyoming, and Montana were States that consistently reported the fewest Exclusion or Debarment reports across the professional groups. They were all among the five least active for four out of the five professional groups.

Minnesota and South Carolina were two States that consistently had the most reports per individual with reports across the professional groups. They were among the five most active States for three out of the five professional groups. Minnesota and South Carolina were not among the States with the largest populations, which may show that the number of reports per individual with reports was less connected to State population sizes than the other categories. But this is just speculation, since we have no comparison data over time and reporting was likely not complete. Individuals from Minnesota and South Carolina had above average ratios of reports per 100,000 people, 35.5 and 37.1 respectively. Three other States, Wisconsin, Washington, D.C., and Hawaii, consistently had the fewest reports per individual with reports across the professional groups. Wisconsin was among the five least active States for four out of the five professional groups, and Washington, D.C. and Hawaii were each among the five least active for three out of the five professional groups. Wisconsin was not among the States with the smallest populations, like Washington, D.C. and Hawaii, so this may show that the connection between low State population size and reports per professional with reports is not always the case. Individuals from Wisconsin had one of the lowest ratios of reports per 100,000 people, 10.9.

Texas was among the five most active States in reporting State Licensure Actions and Exclusion or Debarment for RNs, LPNs, and "Other Professionals," and California was among the five most active in reporting these actions for physicians, LPNs, and "Other Professionals." Washington, D.C., was among the five least active States in reporting State Licensure Action reports and Exclusion or Debarment reports for RNs, LPNs, and "Other Professionals."

State Contrasts

The following narrative describes States with significant contrasts in their reports, including their types of reports, for the different professional groups. The uneven reporting of different professional groups by States may show that different professional boards are more aggressive in taking actions or reporting in certain States than other boards in those States. Because reporting is not complete and may reflect more active reporting by boards, more actions by certain boards which reported them, or the behavior of professionals, it is premature to draw conclusions about these data.

Some States accounted for a bigger percentage of physician and/or dentist reports but less for other professional groups. Ohio accounted for 5.0 percent of State Licensure Actions reports for physicians and 10.2 percent of State Licensure Action reports for dentists, but only 1.7 percent for RNs and 1.5 percent for LPNs. New York, among the top five States in State Licensure Action

reports for physicians, accounted for 10.5 percent of State Licensure Action reports for physicians but only 2.3 percent of these reports for RNs and 1.3 percent for LPNs. If reporting was complete, these disparities might show that these States' physician and dentists boards were more active reporters than the other boards within these States.

Some States accounted for a bigger percentage of RN and/or LPN and Nurses Aides reports but less for other professional groups. Arizona, among the top five reporters of State Licensure Actions for RNs, accounted for 7.2 percent of those reports for RNs but only 2.7 percent of those reports for physicians. Alabama accounted for 4.8 percent of State Licensure Action reports for LPNs and Nurses Aides, but only 1.0 percent or less of reports for physicians, dentists, RNs, and "Other Professionals." Virginia accounted for 6.7 percent of State Licensure Action reports for LPNs and Nurses Aides, but only 1.8 percent of these types of reports for RNs. Mississippi accounted for 5.5 percent of Exclusion or Debarment reports for LPNs, but only 0.7 percent of Exclusion or Debarment reports for physicians and 3.0 percent of these reports for RNs. These States' nursing boards may be more active reporters than other boards, may take more actions that are reportable, or may reflect nurses' behaviors. Without any comparison data for years past, and with retroactive reporting being incomplete, it's difficult to make any conclusions about these States' reporting behaviors.

Some States had a bigger percentage of reports for other professional groups but less for nurses. RN and LPNs and Nurses Aides from Florida had no State Licensure Action reports, but Florida ranked among the top five States with State Licensure Action reports (5.7 percent of these reports) and Exclusion or Debarment reports for dentists. This may show a gap in reporting nurses as compared to dentists, but it's also possible that no actions were taken against nurses in Florida by licensing boards. All types of nurses from Indiana had only 15 total State Licensure Action reports. For each of the five professional groups, professionals from Indiana also had less than 1.0 percent of State Licensure Action reports. Again, there may be gaps in Indiana's reporting of State Licensure Actions, but it is also possible that Indiana professional boards do not take many reportable actions.

Reasons for State Licensure Actions by Professional Group

Nearly three-quarters of all HIPDB reports were for State Licensure Actions and more than a fifth of all HIPDB reports were for Exclusion or Debarments. Since they made up so much of the total, looking at the reasons for these actions by professional group might help explain the origins of many HIPDB reports for physicians, dentists, RNs, and LPNs and Nurses Aides. By excluding the reports with "Other (Not Classified)" as a reason, many of them reported without a reason because of "legacy" report format problems, a better picture of the reasons results.

After excluding "Other (Not Classified)", reasons for actions vary by profession. RNs, tend to be reported, 38.0 percent of them for substance abuse; dentists, 27.8 percent of them for substandard care/services; LPNs and Nurses Aides, 24.6 percent for unprofessional conduct; physicians, 21.1

percent for unprofessional conduct. Physicians and dentists had no reports with health-related impairments as a reason and only 0.1 percent of RN reports have that reason. Only 0.3 percent of LPN reports had practices indirectly affecting patient care as a reason.

Dentists, with 7.0 percent, had almost three times the percentage of reports with actions taken by federal/State/local authority than RNs, and close to twelve times the percentage for physicians. Dentists had 3.3 times more percentage of reports with misappropriation of patient property and substandard care/services for reasons than LPNs and Nurses Aides. RNs had 2.71 times the percentage of reports with substance abuse as a reason than the percentage for dentists. Bigger percentages of LPNs and Nurses Aides had reports for health-related impairments (2.3 percent), criminal convictions (17.0 percent), and patient abuse (17.0 percent) than physicians, dentists, and RNs, who all had less than one percent of reports with these reasons.

Actions taken by Federal/State/Local authority was the biggest specified reason for Exclusion or Debarment action reports by physicians, 54.7 percent (half of them for Exclusions from Medicare/Medicaid/All Other Federal Programs); RNs, 97.0 percent (all of them for Exclusions from State Health Care Programs); and LPNs and Nurses Aides, 70.7 percent (84.4 percent of them for Exclusions from Medicare/Medicaid/All Other Federal Programs). Practices indirectly affecting patient care was the specified reason for a majority (57.8 percent) of dentist reports (52.6 percent of them for Exclusions from Medicare/Medicaid/All Other Federal Programs). Dentists, RNs, and LPNs had no Exclusion or Debarment reports with substandard care/services as a specified reason, and physicians had only 0.1 percent. RNs also had no Exclusion or Debarment reports with fraud as a specified reason.

RNs had 4.6 times the percentage of Exclusion or Debarment reports with actions taken by Federal/State/Local authority for a reason than dentists' percentage. Dentists had 38.5 times the percentage of Exclusion or Debarment reports with practices indirectly affecting patient care for a reason than RNs' percentage, and 578 times the percentage than LPNs and Nurses Aides. Dentists also had a bigger percentage of Exclusion or Debarment reports with fraud as a reason than the other professional groups. LPNs and nurses aides had 15.2 times the percentage of Exclusion or Debarment reports with criminal convictions as a reason than RNs' percentage

"Legacy" and "Other (Not Classified)" Reports

A review of "legacy" and "Other (Not Classified)" reports shows they made up a large

percentage of reports, making it more difficult to ascertain reasons for actions for HIPDB reports. "Legacy" reports tended to have "Other (Not Classified)" as their basis for action, instead of a specified reason such as substance abuse and unprofessional conduct. These kind of "legacy" reports made up huge numbers of reports, therefore making it more difficult overall to determine reasons for HIPDB reports. "Legacy" State Licensure Action reports with "Other (Not Classified)" as their reason made up 82.7 percent of all RN reports, 67.0 percent of all nurse reports, 34.9

percent of all physician reports, 31.6 percent of all dentist reports, and 7.1 percent of all other professional reports. These reports also made up 84.0 percent of RN State Licensure Action reports, 78.4 percent of nurses State Licensure Action reports, 46.0 percent of physicians, 43.8 percent of dentists, and 12.9 percent of "Other Professionals."

For physicians, 88.3 percent of HIPDB State Licensure Action reports with "Other (Not Classified)" as their reason were "legacy" reports; 87.9 percent for dentists were "legacy" reports; 96.6 percent for RNs; 95.8 percent for all nurses; and 35.1 percent of "Other Professionals." It appears that, because "legacy" reports made up a big percentage of reports with "Other (Not Classified)" as a reason for action, in the future the percentage of reports with "Other (Not Classified)" as a reason for action should decrease as more CAAR reports are received. This belief is also supported by the lower percentages of CAAR format reports with "Other (Not Classified)" as a reason for action. The CAAR format State Licensure Action reports with "Other (Not Classified)" as their reason made up 4.4 percent of physician reports, 4.2 percent of dentist reports, 2.4 percent of nurses reports, 2.6 percent of RN reports, and 12.7 percent of "Other Professional" reports.

More retroactive reporting was done through "legacy" reports than through CAAR reports. Almost all "legacy" reports, except 28 of them, had dates of actions taken of 1999 or before. For physicians, 70.1 percent of its CAAR format reports with "Other (Not Classified)" as a reason were for actions taken in 2000; 82.9 percent for dentists; 20.5 percent for RNs; 27.8 percent for all nurses, and 34.4 percent for "Other Professionals."

HIPDB Reporting in 2000

The professional types had different rates of reporting for actions taken in 2000. For physicians, the reports for actions taken in 2000 made up 18.5 percent of all reports; for dentists, 18.4 percent of all reports; RNs, 6.2 percent of all reports; LPNs and Nurses Aides, 16.4 percent of all reports; and "Other Professionals," 23.6 percent. One would expect that if reporting levels were the same for each of the five years from 1996 to 2000, 2000 reports would make up between 20 to 25 percent of the total for each of the professional types, which is close to true for physicians, dentists, LPNs and Nurses Aides and "Other Professionals." But RNs have a much smaller percentage of reports for actions taken in 2000. This is because more than 80 percent of RN reports are "legacy" State Licensure Action reports, as compared to smaller percentages of these reports for the other professional types.

A look at the States' reporting might give us a better picture of gaps in 2000 reporting. More than 20.0 percent of State Licensure Action reports for physicians from California, New York and Michigan were for actions taken in 2000. But physicians from Ohio had no reports and those from Virginia only 10 for actions taken in 2000, while the number of reports for actions taken in previous years were at least a hundred each. Physicians from five States had zero State Licensure Action reports for actions taken in 2000 and those from two States only had one each. But this

may have been because no actions were taken against individuals from these States or that reporting to the HIPDB was a relatively new requirement that will take time to fully comply with. Still, it shows that although most States, like New York and Michigan, had consistent reporting over time for physicians, others had levels of 2000 reporting inconsistent with their levels of retroactive reporting. For dentists from Illinois, 32.1 percent of their State Licensure Action reports were for actions taken in 2000 and 30.6 percent of State Licensure Action reports for dentists from Oregon were for actions taken in 2000. But dentists from 14 States had no State Licensure Action reports and those from six States had only one, although dentists from some of these States, like Ohio and New Jersey, did have significant numbers of retroactive reports. This may show that these States had levels of 2000 reporting that are not consistent with their retroactive reporting.

RNs from Texas, Louisiana, and Arizona had reports that were all for actions taken before 2000, while 23.0 percent of reports for RNs from Michigan were for actions taken in 2000. But RNs from thirty-four States had no State Licensure Action reports for actions taken in 2000; it seems unlikely that all these States, many of which had retroactive reports, would have had no actions to report in 2000. The lack of reporting is more likely due to problems at their agent for reporting, the National Council of State Boards of Nursing. LPNs and Nurses Aides from California and Washington had no State Licensure Action reports with actions taken before 2000, while 21.7 percent of the reports for LPNs and Nurses Aides from Alabama were for actions taken in 2000. But LPNs and Nurses Aides from thirty States had no State Licensure Action reports in 2000. This likely reflects a gap in reporting for actions taken in 2000, since most of those States had retroactive reports for years before 2000. At our request and per statute, States reported their legacy data in 2000. Our next efforts will concentrate on improving current reporting.

CONCLUSION

The HIPDB has received 83,850 reports in its first year of operation, the majority of them State Licensure and Exclusion or Debarment reports. "Legacy" and retroactive reporting is not complete, though, and the HIPDB will continue working to obtain more of these reports, along with current ones, from entities that have not yet reported. Through the HIPDB's education and outreach efforts, such as those targeted to law enforcement organizations and State Boards, the number of reports and the number of organizations reporting should increase, therefore improving the HIPDB's usefulness. The HIPDB operations will continue to improve with feedback from reporters and queriers and increased use. Efficiency will improve as the HIPDB operations improve, and in turn accuracy will also improve as entities become more familiar with the HIPDB. As entities become more knowledgeable about the HIPDB and awareness increases, retroactive reporting will be less of an issue.

As data continue to accumulate, the HIPDB's value will increase as a source of aggregate information for research. Over time, the data generated will provide useful information on trends in health care disciplinary actions. Most importantly, however, the HIPDB will continue to benefit the public by serving as a health care data collection program which combats health care fraud and abuse, and thereby, improves the quality and integrity of health care in the United States.

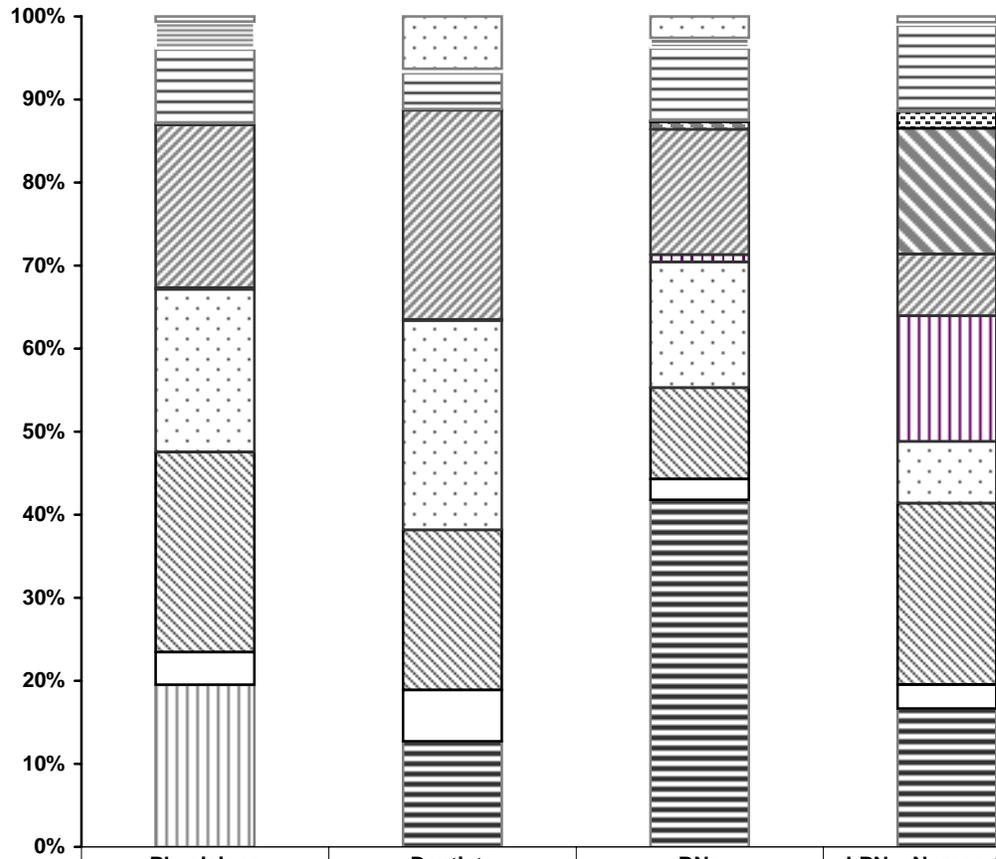
STATISTICAL APPENDIX

- CHART 1: Specified Reasons for State Licensure Actions by Professional Group
- CHART 2: Specified Reasons for Exclusion Actions by Professional Group
- TABLE A1: Individuals with Reports
- TABLE A2: Organizations with Reports
- TABLE A3: Number of Reports For Individuals and Organizations by Report Type
- TABLE A4: Types of Actions Taken Against Individuals and Organizations
- TABLE A5: Actions Taken Against Individuals and Organizations, by Year Action Taken
- TABLE A6: Types of Actions Taken Against Individuals by Reasons for Action
- TABLE A7: Types of Actions Taken Against Organizations by Reasons for Action
- TABLE A8: Number of Reports for Individuals and Organizations by State
- TABLE A9: Number of Reports For Individuals by Report Type by State
- TABLE A10: Number of Reports For Organizations by Report Type by State
- TABLE A11: Number of Individuals with HIPDB Reports and Number of Reports per Individuals with Reports by Report Type
- TABLE A12: Number of Organizations with HIPDB Reports and Number of Reports per Organization with Reports by Report Type
- TABLE B1: Number of Reports for Physicians by Report Type and Year of Action Taken
- TABLE B2: Reasons for Actions Taken Against Physicians by Report Type
- TABLE B3: Types of Actions Taken Against Physicians by Reason for Actions
- TABLE B4: Number of Physicians with Reports, Number of Reports for Physician with Reports, and Reports per Physician with Reports by State
- TABLE B5: Number of Reports For Physicians by Report Type by State
- TABLE C1: Number of Reports for Dentists by Report Type by Year of Action Taken

- TABLE C2: Reasons for Actions Taken Against Dentists by Report Type
- TABLE C3: Types of Actions Taken Against Dentists by Reasons for Actions by Report Type
- TABLE C4: Number of Dentists with Reports, Number of Reports for Dentists with Reports, and Number of Reports per Dentist with Reports by State
- TABLE C5: Number of Reports for Dentists by Report Type by State
- TABLE D1: Number of Reports for Nurses and Related Personnel by Report Type
- TABLE D2: Number of Reports on Nurses and Related Personnel by State
- TABLE E1: Number of Reports for RNs* by Report Type by Year of Action
- TABLE E2: Type of Reports for RNs* by Reason for Action
- TABLE E3: Types of Actions Taken Against RNs* by Reason for Action
- TABLE E4: Number of RNs with Reports, Number of Reports for RNs with Reports, and Number of Reports per RN with Reports by State
- TABLE E5: Number of Reports for RNs* by Report Type by State
- TABLE F1: Number of Reports for LPNs and Nurses Aides by Report Type by Year of Action Taken
- TABLE F2: Reasons for Actions Taken Against LPNs and Nurses Aides by Report Type
- TABLE F3: Types of Actions Taken Against LPNs and Nurses Aides by Reason for Actions
- TABLE F4: Number of LPNs and Nurses Aides with Reports, Number of Reports for LPNs and Nurses Aides with Reports, and Number of Reports per LPN/Nurses Aide with Reports by State
- TABLE F5: Number of Reports for LPNs and Nurses Aides by Report Type by State
- TABLE G1: Number of "Other Professionals" with HIPDB Reports, Number of Reports for "Other Professionals" with Reports, and Number of Reports Per "Other Professional" with Reports by Field
- TABLE G2: Types of Actions Taken Against "Other Professionals" by Year Action Taken
- TABLE G3: Reasons for Actions Taken Against "Other Professionals" by Report Type

- TABLE G4: Types of Actions Taken Against "Other Professionals" by Reasons for Action
- TABLE G5: Number of "Other Professionals" with Reports, Number of Reports for "Other Professionals," and Number of Reports per "Other Professional" with Reports by State
- TABLE G6: Number of Reports for "Other Professionals" by Report Type by State
- TABLE H1: Active Entities Which Have Reported at Least Once to the HIPDB or the NPDB
- TABLE H2: Queries by Type of Querying Entity
- TABLE H3: Number and Percent of HIPDB Queries Matched
- TABLE I1: Number and Percent for Requests for Secretarial Review, by Report Type and Outcome Type
- TABLE J1: Comparison of the Percentage of Reports by Practitioner Type by State
- TABLE J2: Number of Reports for Individuals and Professional Types per 100,000 People by State

Specified Reasons for State Licensure Actions by Professional Group



	Physicians	Dentists	RNs	LPNs, Nurses Aides
▣ Actions by Govt. Authority	0.6%	7.0%	2.4%	0.8%
≡ Practices Indirectly Affecting Care	2.8%	0.4%	1.1%	0.3%
▣ Practices Directly Affecting Care	7.9%	4.9%	8.0%	11.8%
▣ Health-Related Impairments	0.0%	0.0%	0.1%	2.3%
▣ Criminal Convictions	0.2%	0.1%	0.8%	17.0%
▣ Misappropriation of Property	17.1%	27.8%	13.8%	8.4%
▣ Patient Abuse	0.2%	0.1%	0.8%	17.0%
▣ Substandard Care/Services	17.1%	27.8%	13.8%	8.4%
▣ Unprofessional Conduct	21.1%	21.2%	10.0%	24.6%
▣ Fraud	3.5%	6.9%	2.3%	3.3%
▣ Substance Abuse	17.1%	14.0%	38.0%	18.7%

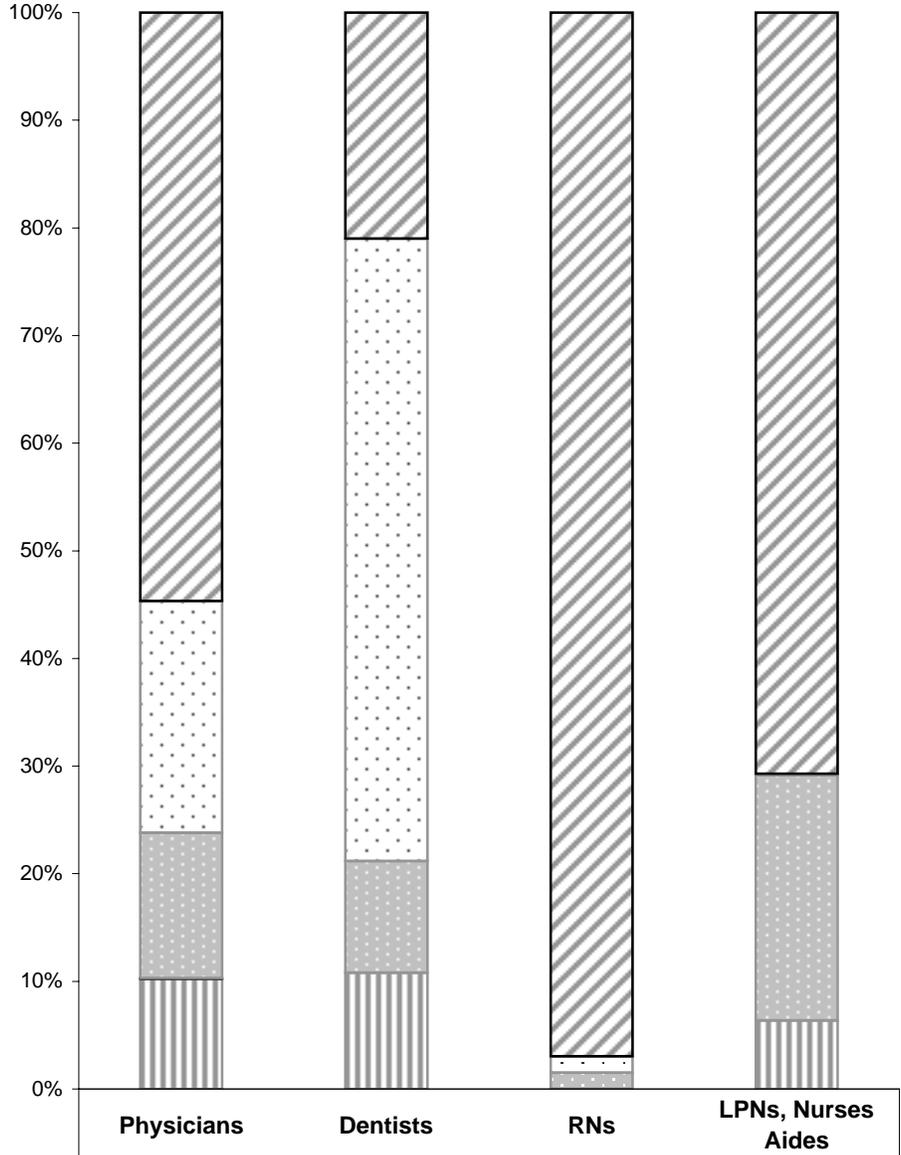
State Licensure Actions

Reason for Adverse Action	Physicians	Dentists	RNs	LPNs, Nurses Aides
Substance Abuse	1,094	240	900	654
Fraud	222	118	55	114
Unprofessional Conduct	1,351	365	237	859
Substandard Care/Services	1,099	478	326	293
Patient Abuse	12	2	19	595
Misappropriation of Patient Property	0	0	3	80
Criminal Convictions	505	85	190	411
Health-Related Impairments	181	7	25	11
Practices Directly Affecting Patient Care	36	120	56	28
Practices Indirectly Affecting Patient Care	397	185	363	388
Actions Taken by Fed./State/Local Authority	1,512	118	196	58
Total*	6,409	1,718	2,370	3,491

State Licensure Actions

Reason for Adverse Action	Physicians	Dentists	RNs	LPNs, Nurses Aides
Substance Abuse	17.1%	14.0%	38.0%	18.7%
Fraud	3.5%	6.9%	2.3%	3.3%
Unprofessional Conduct	21.1%	21.2%	10.0%	24.6%
Substandard Care/Services	17.1%	27.8%	13.8%	8.4%
Patient Abuse	0.2%	0.1%	0.8%	17.0%
Misappropriation of Property	0.0%	0.0%	0.1%	2.3%
Criminal Convictions	7.9%	4.9%	8.0%	11.8%
Health-Related Impairments	2.8%	0.4%	1.1%	0.3%
Practices Directly Affecting Care	0.6%	7.0%	2.4%	0.8%
Practices Indirectly Affecting Care	6.2%	10.8%	15.3%	11.1%
Actions by Govt. Authority	23.6%	6.9%	8.3%	1.7%
Total*	100.0%	100.0%	100.0%	100.0%

Specified Reasons for Exclusion Actions by Professional Group



<input checked="" type="checkbox"/> Actions Taken by Federal, State, Local Authority	54.7%	21.0%	97.0%	70.7%
<input type="checkbox"/> Practices Indirectly Affecting Patient Care	21.5%	57.8%	1.5%	0.1%
<input type="checkbox"/> Criminal Convictions	13.5%	10.4%	1.5%	22.8%
<input type="checkbox"/> Substandard Care/Services	0.1%	0.0%	0.0%	0.0%
<input type="checkbox"/> Fraud	10.2%	10.8%	0.0%	6.4%

Exclusion Actions

Reason for Adverse Action	Exclusion Actions			
	Physicians	Dentists	RNs	LPNs, Nurses Aides
Substance Abuse	0	0	0	0
Fraud	377	125	0	304
Unprofessional Conduct	0	0	0	0
Substandard Care/Services	2	0	0	0
Patient Abuse	0	0	0	0
Misappropriation of Patient Property	0	0	0	0
Criminal Convictions	497	120	4	1,090
Health-Related Impairments	0	0	0	0
Practices Directly Affecting Patient Care	0	0	0	0
Practices Indirectly Affecting Patient Care	793	669	4	6
Actions Taken by Fed./State/Local Authority	2,014	243	257	3,385
Total*	3,683	1157	265	4,785

Exclusion Actions

Reason for Adverse Action	Exclusion Actions			
	Physicians	Dentists	RNs	LPNs, Nurses Aides
Fraud	10.2%	10.8%	0.0%	6.4%
Substandard Care/Services	0.1%	0.0%	0.0%	0.0%
Criminal Convictions	13.5%	10.4%	1.5%	22.8%
Practices Indirectly Affecting Patient Care	21.5%	57.8%	1.5%	0.1%
Actions Taken by Federal, State, Local Authority	54.7%	21.0%	97.0%	70.7%
Total*				

**Table A1: Individuals with Reports
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Profession Type	Number of Professionals with Reports*	Number of Reports*	Reports per Professional with Reports*
Nurses and Nursing-related Practitioners	26,511	44,219	1.67
Physicians	11,057	19,046	1.72
Dentists	3,484	4,965	1.43
Non-Healthcare Practitioners	2,356	2,729	1.16
Pharmacists and Pharmacy Assistants	2,292	3,044	1.33
Chiropractors	2,121	2,754	1.30
Psychology-related Practitioners	669	913	1.36
Podiatrists and Podiatry-related Practitioners	512	752	1.47
Respiratory Therapists and Related Practitioners	475	518	1.09
Facility Administrators	416	465	1.12
Optic-related Practitioners	402	674	1.68
Counselors	358	429	1.14
Physical Therapists and Related Practitioners	377	485	1.35
Social Workers	324	403	1.24
Physician Assistants and Medical Assistants	264	371	1.41
Dental Assistants, Technicians, Hygienists	219	246	1.12
Occupational Therapists and Related Practitioners	217	244	1.12
Emergency Medical Practitioners	118	132	1.07
Technologists	123	149	1.26
Speech and Language-Related Practitioners	33	42	1.27
Acupuncturists	22	25	1.14
Audiologists	15	16	1.07
Dieticians	6	6	1.00
Homeopaths and Naturopaths	5	10	2.00
Psychiatric Technicians and Aides	4	5	1.25
Denturists	1	1	1.00
Nutritionists	1	1	1.00
Unspecified or Unknown	158	168	1.06
Total*	52,540	82,812	1.58

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

Reports include adverse action, professional society membership, State Licensure Action, Federal Licensure and Drug Enforcement Administration Action, Health Plan Contract Termination, and Medicare/Medicaid Exclusion reports. State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table A2: Organizations with Reports
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Organization	Number of Organizations with Reports*	Number of Reports for Organizations with Reports*	Reports per Organization with Reports*
Nursing Facility/Skilled Nursing Facility	322	428	1.33
Pharmacy	164	172	1.05
Durable Medical Equipment Supplier	71	85	1.20
Ambulance Service/Transportation Company	39	69	1.77
Home Health Agency/Organization	31	31	1.00
Laboratory/CLIA Laboratory	30	30	1.00
Medical Group/Practice	23	23	1.00
Mental Health/Substance Abuse Group/Facility	12	16	1.33
Dental Group/Practice	11	11	1.00
General/Acute Care Hospital	9	9	1.00
End Stage Renal Disease Facility	8	8	1.00
Chiropractic Group/Practice	6	8	1.33
Optician/Optometric Group/Practice	6	6	1.00
Pharmaceutical Manufacturer	5	5	1.00
Health Insurance Company/Provider	4	5	1.25
Psychiatric Hospital	4	4	1.00
Mental Health Center/Community Mental Health Center	3	4	1.33
Health Maintenance Organization	3	4	1.33
Eyewear Equipment Supplier	2	2	1.00
Outpatient Rehabilitation Facility	2	2	1.00
Rehabilitation Hospital	1	1	1.00
Hospice/Hospice Care Provider	1	1	1.00
Intermediate Care Facility For Mentally Retarded/Substance Abuse	1	1	1.00
Mammography Service Provider	1	1	1.00
Radiology/Imaging Center	1	1	1.00
Not Specified	74	111	1.50
Total	834	1,038	1.24

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

Reports include adverse action reports, professional society membership reports, State Licensure Actions, Federal Licensure and Drug Enforcement Administration Actions, Health Plan Contract Terminations, and Medicare/Medicaid Exclusion reports. State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table A3: Number of Reports for Individuals and Organizations by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type*	Individuals		Organizations		Total	
	Number	Percent	Number	Percent	Number	Percent
State Licensure Action**	62,564	75.5%	355	34.2%	62,919	75.0%
Federal Licensure & DEA Action	295	0.4%	0	0.0%	295	0.4%
Government Administrative Action	721	0.9%	417	40.2%	1,138	1.4%
Exclusion or Debarment Action	17,740	21.4%	163	15.7%	17,903	21.4%
Health Plan Contract Termination	411	0.5%	91	8.8%	502	0.6%
Judgment or Conviction	1,081	1.3%	12	1.2%	1,093	1.3%
Total	82,812	100.0%	1,038	100.0%	83,850	100.0%
Percentage of All Reports		98.8%		1.2%		100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

** State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table A4: Types of Actions Taken Against Individuals and Organizations
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Physicians		Dentists		Nurses		Other Professionals		Total Practitioners		Organizations	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adverse Actions												
State Licensure Action*												
Revocation of License	1,665	10.1%	188	4.2%	4,011	10.0%	1,042	8.1%	6,906	8.4%	25	2.5%
Probation of License or Certificate	2,828	17.2%	1,242	27.7%	8,650	21.6%	1,932	15.1%	14,652	17.9%	43	4.3%
Suspension of License	2,575	15.6%	565	12.6%	4,678	11.7%	1,230	9.6%	9,048	11.1%	48	4.8%
Reprimand or Censure	1,440	8.7%	666	14.9%	3,940	9.8%	1,252	9.8%	7,298	8.9%	0	0.0%
Voluntary Surrender of License or Certificate	380	2.3%	50	1.1%	497	1.2%	395	3.1%	1,322	1.6%	18	1.8%
Reprimand, Censure, Voluntary Surrender of License or Certificate	2,986	18.1%	383	8.5%	9,495	23.7%	437	3.4%	13,301	16.3%	0	0.0%
Limitation or Restriction on License, Practice, Admissions, or Services	189	1.1%	11	0.2%	126	0.3%	98	0.8%	424	0.5%	18	1.8%
Denial of License or Certificate (Renewal Only)	38	0.2%	14	0.3%	382	1.0%	187	1.5%	621	0.8%	1	0.1%
Administrative Fine/Monetary Penalty	83	0.5%	89	2.0%	28	0.1%	560	4.4%	760	0.9%	289	29.0%
Civil Monetary Penalty	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36	3.6%
License Reinstatement Denied	103	0.6%	5	0.1%	334	0.8%	25	0.2%	467	0.6%	0	0.0%
Extension of Previous Licensure Action	149	0.9%	10	0.2%	185	0.5%	72	0.6%	416	0.5%	3	0.3%
Directed Plan or Correction	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
On-Site Monitoring	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Directed In-Service Training	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	15	1.5%
Other Licensure Action	468	2.8%	106	2.4%	265	0.7%	588	4.6%	1,427	1.7%	119	11.9%
Exclusions or Debarment Action												
Exclusion from Federal Health Care Program	1,139	6.9%	260	5.8%	1,678	4.2%	652	5.1%	3,729	4.6%	0	0.0%
Exclusion from a State Health Care Program	254	1.5%	59	1.3%	563	1.4%	319	2.5%	1,195	1.5%	163	16.4%
Exclusion from Medicare, Medicaid & Other Federal Programs	1,565	9.5%	478	10.7%	4,179	10.4%	2,940	22.9%	9,162	11.2%	0	0.0%
Exclusion from Medicare & State Health Care Programs	412	2.5%	185	4.1%	503	1.3%	967	7.5%	2,067	2.5%	0	0.0%
Reinstatement Denied	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Government Administrative Action												
Voluntary Surrender of License/Under Investigation	1	0.0%	0	0.0%	0	0.0%	1	0.0%	2	0.0%	0	0.0%
Administrative Fine/Monetary Penalty	1	0.0%	0	0.0%	0	0.0%	28	0.2%	29	0.0%	0	0.0%
Termination from Medicare/Other Federal Program	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	1.7%
Voluntary Termination from Medicare Participation/Under Investigation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.8%
Termination from Medicaid/Other State Program	8	0.0%	3	0.1%	0	0.0%	2	0.0%	13	0.0%	7	0.7%
Termination from Medicaid/State Program Participation for Cause	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	63	6.3%
Disqualification Based on State Nurses Aide Registry	0	0.0%	0	0.0%	554	1.4%	0	0.0%	554	0.7%	0	0.0%
Disqualification of Clinical Investigator	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%	0	0.0%
Personnel Action--Employee Termination	0	0.0%	0	0.0%	12	0.0%	0	0.0%	12	0.0%	0	0.0%
Personnel Action--Not Classified	1	0.0%	0	0.0%	1	0.0%	1	0.0%	3	0.0%	0	0.0%
Other Action--Not Classified	14	0.1%	3	0.1%	44	0.1%	46	0.4%	107	0.1%	30	3.0%
Health Plan Contract Termination												
Health Plan Contract Termination	183	1.1%	166	3.7%	1	0.0%	60	0.5%	410	0.5%	91	9.1%
Total Adverse Actions	16,483	87.4%	4,483	90.0%	40,127	91.2%	12,834	92.6%	73,927	90.5%	996	97.1%
Non-Adverse Actions												
State Licensure Action*												
Licensure or Certification Restored or Reinstated (Complete or Partial)	1,726	72.4%	231	46.3%	3,756	96.6%	292	28.3%	6,005	77.0%	21	70.0%
Reduction of Previous Licensure Action	118	4.9%	25	5.0%	23	0.6%	46	4.5%	212	0.3%	6	20.0%
Exclusions or Debarment Action												
Reinstatement	541	22.7%	243	48.7%	110	2.8%	692	67.2%	1,586	20.3%	2	6.7%
Reduction of Previous Administrative Action	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.3%
Total Non-Adverse Actions	2,385	12.6%	499	10.0%	3,889	8.8%	1,030	7.4%	7,803	9.5%	30	2.9%
Total Actions Taken**	18,869	100.0%	4,982	100.0%	44,016	100.0%	13,864	100.0%	81,730	100.0%	1,026	100.0%
Percentage of Cumulative Actions Taken		23.1%		6.1%		53.9%		17.0%		100.0%		100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

** An additional 1,082 reports for individuals and 12 reports for organizations were missing data on the classification of the initial action.

**Table A5: Actions Taken Against Individuals and Organizations by Year of Action Taken
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996*		August 21 - December 31, 1996*		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Individuals														
State Licensure Action**	1,442	28.2%	5,415	86.4%	15,373	80.5%	16,901	81.9%	15,407	80.7%	8,026	63.6%	62,564	75.5%
Federal Licensure & DEA Action	176	3.4%	9	0.1%	28	0.1%	55	0.3%	27	0.1%	0	0.0%	295	0.4%
Government Administrative Action	6	0.1%	36	0.6%	115	0.6%	169	0.8%	191	1.0%	204	1.6%	721	0.9%
Exclusion or Debarment Action	3,480	68.2%	728	11.6%	3,238	16.9%	3,129	15.2%	3,023	15.8%	4,142	32.8%	17,740	21.4%
Health Plan Contract Termination	1	0.0%	11	0.2%	46	0.2%	75	0.4%	115	0.6%	163	1.3%	411	0.5%
Judgment or Conviction	0	0.0%	67	1.1%	304	1.6%	309	1.5%	324	1.7%	77	0.6%	1,081	1.3%
Total Reports for Individuals	5,105	98.4%	6,266	99.3%	19,104	99.4%	20,638	99.2%	19,087	98.4%	12,612	97.6%	82,812	98.8%
Organizations														
State Licensure Action*	8	9.6%	19	46.3%	30	24.4%	45	27.1%	79	25.3%	174	55.6%	355	34.2%
Government Administrative Action	0	0.0%	7	17.1%	36	29.3%	79	47.6%	193	61.9%	102	32.6%	417	40.2%
Exclusion or Debarment Action	74	89.2%	9	22.0%	13	10.6%	16	9.6%	25	8.0%	26	8.3%	163	15.7%
Health Plan Contract Termination	1	1.2%	6	14.6%	42	34.1%	22	13.3%	11	3.5%	9	2.9%	91	8.8%
Judgment or Conviction	0	0.0%	0	0.0%	2	1.6%	4	2.4%	4	1.3%	2	0.6%	12	1.2%
Total Reports for Organizations	83	1.6%	41	0.7%	123	0.6%	166	0.8%	312	1.6%	313	2.4%	1,038	1.2%
Total Reports	5,188	100.0%	6,307	100.0%	19,227	100.0%	20,804	100.0%	19,399	100.0%	12,925	100.0%	83,850	100.0%
Percentage of Cumulative Reports		6.2%		7.5%		22.9%		24.8%		23.1%		15.4%		100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000. The columns representing years refer to when the reports' actions were taken, not to when the reports were submitted.

* August 21, 1996 was the date of enactment of the HIPDB, which authorized establishment of the HIPDB.

** State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table A6: Types of Actions Taken Against Individuals by Reason for Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care	Patient Abuse	Misappropriation of Property	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal/State/Local Authority	Other (Not Classified)	Total
Adverse Actions													
State Licensure Action*													
Revocation of License	389	206	964	326	472	67	460	29	12	469	586	2,904	6,884
Probation of License	1,276	195	1,338	1,249	29	3	444	71	186	453	497	8,878	14,619
Suspension of License	1,339	212	854	536	29	6	597	109	82	387	635	4,127	8,913
Reprimand or Censure	15	67	497	429	62	4	62	0	78	20	358	5,704	7,296
Voluntary Surrender of License	197	51	236	99	32	5	93	18	11	112	162	299	1,315
Reprimand, Censure, Voluntary Surrender	0	0	0	0	0	0	0	0	0	0	0	13,301	13,301
Limitation or Restriction on License/Practice	48	5	91	102	3	0	5	8	7	23	37	80	409
Denial of License (Renewal Only)	4	5	3	3	1	0	12	2	1	484	11	95	621
Administrative Fine/Monetary Penalty	3	146	119	63	0	0	6	0	33	10	45	335	760
License Reinstatement Denied	4	3	3	1	0	0	4	0	0	1	0	3,893	4,959
Extension of Previous Licensure Action	0	0	0	0	0	0	1	0	0	0	0	7	8
Other Licensure Action	69	62	211	81	29	5	72	11	16	37	78	733	1,404
Exclusion or Debarment Action													
Exclusion from Federal Health Care Program	0	27	0	0	0	0	1,446	0	0	565	1,691	0	3,729
Exclusion from a State Health Care Program	0	21	0	2	0	0	83	0	0	80	882	127	1,195
Exclusion from Medicare, Medicaid, Other Federal Programs	0	1,959	0	0	0	0	1,217	0	0	1,371	4,611	4	9,162
Exclusion from Medicare & State Health Care Programs	0	583	0	0	0	0	289	0	0	753	441	1	2,067
Government Administrative Action													
Voluntary Surrender of Medicaid/State Program	0	0	0	0	0	0	0	0	0	2	0	0	2
Administrative Fine/Monetary Penalty	0	0	0	0	0	0	0	0	0	2	2	25	29
Disqualification of Clinical Investigator	0	0	0	0	1	0	0	0	0	0	0	0	1
Termination from Medicaid/Other State Program	0	12	0	0	0	0	0	0	0	0	0	1	13
Disqualification Based on State Nurses Aide Registry	1	0	3	33	408	59	0	0	0	1	0	49	554
Personnel Action--Employee Termination	1	0	10	0	0	1	0	0	0	0	0	0	12
Personnel Action--Not Classified	2	0	0	0	1	0	0	0	0	0	0	0	3
Health Plan Contract Termination													
Health Plan Contract Termination	1	13	9	21	0	0	58	0	0	159	109	30	400
Total Adverse Actions	3,349	3,567	4,338	2,945	1,067	150	4,849	248	426	4,929	10,145	40,593	77,656
Non-Adverse Actions													
State Licensure Action*													
Licensure Restored or Reinstated (Complete or Partial)	5	3	3	1	0	0	4	0	0	1	0	4,943	4,959
Reduction of Previous Licensure Action	0	0	1	0	1	0	0	0	0	0	0	7	9
Exclusion or Debarment Action													
Reinstatement	0	131	0	0	0	0	35	0	0	699	106	5	976
Total Non-Adverse Actions	5	134	4	1	1	0	39	0	0	700	106	4,955	5,944
Total Actions Taken**	3,354	3,701	4,342	2,946	1,068	150	4,888	248	426	5,629	10,251	45,548	83,600

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action (CAAR) formats.

** An additional 212 reports were missing information concerning type of action and/or basis for action.

**Table A7: Types of Actions Taken Against Organizations by Reason for Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Fraud	Substandard Care/Services	Patient Abuse	Criminal Convictions	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal/ State/Local Authority	Other (Not Classified)	Total
Adverse Actions									
State Licensure Action*									
Revocation of License	2	0	0	3	7	4	4	5	25
Suspension of License	2	4	0	0	33	1	1	7	48
Voluntary Surrender of License or Certification	2	2	0	1	1	2	2	8	18
Conditional or Probationary License or Certificate	3	13	2	0	9	4	1	11	43
Denial of License (Renewal Only)	0	0	0	1	0	0	0	0	1
Directed Plan or Correction (License/Government Administration)	0	0	0	0	0	1	0	0	1
On-Site Monitoring (License/Government Administration)	0	0	0	0	1	0	0	0	1
Directed In-Service Training (License/Government Administration)	0	0	0	0	15	0	0	0	15
Restrictions on Admissions or Services (License/Government Administration)	0	4	1	0	11	1	0	1	18
Civil Money Penalty (Licensure/Government Administration)	0	0	0	0	31	1	0	4	36
Administrative Fine/Monetary Penalty	3	6	17	0	183	6	4	70	289
Other Licensure Action	4	1	4	1	82	7	1	19	119
Exclusion or Debarment Action									
Exclusion from a State Health Care Program	17	0	0	13	0	67	57	9	163
Exclusion from Medicare, Medicaid & Other Federal Programs	0	0	0	0	15	0	1	1	17
Exclusion from Medicare & State Health Care Programs	0	0	0	0	0	0	0	0	0
Government Administrative Action									
Voluntary Termination of Medicare/Program Participation Under Investigation	0	0	1	0	1	1	0	7	10
Voluntary Termination of Medicaid/State Program Participation	0	0	3	0	4	0	1	0	8
Termination Medicaid/State Program Participation for Cause	5	0	0	0	53	0	1	1	60
Other Action--Not Classified	0	0	1	0	28	0	1	0	30
Health Plan Contract Termination									
Health Plan Contract Termination	12	0	0	62	0	6	2	7	89
Total Adverse Actions**	50	30	29	81	474	101	76	150	991

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

All reports were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Reports (CAAR) formats.

** An additional ten organizations are missing data concerning the detailed type of action and an additional 37 organizations are missing reason for action.

**Table A8: Number of Reports for Individuals and Organizations by State
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

State	Number of Reports for Individuals	Number of Reports for Organizations	Total Number of Reports
Alabama	2,289	0	2,289
Alaska	242	0	242
Arizona	3,107	3	3,110
Arkansas	1,642	64	1,706
California	6,976	41	7,017
Colorado	1,880	5	1,885
Connecticut	1,458	31	1,489
Delaware	195	17	212
Florida	2,402	4	2,406
Georgia	2,226	1	2,227
Hawaii	142	0	142
Idaho	180	0	180
Illinois	2,568	6	2,574
Indiana	457	230	687
Iowa	1,044	0	1,044
Kansas	508	0	508
Kentucky	2,106	1	2,107
Louisiana	2,638	23	2,661
Maine	390	0	390
Maryland	1,226	44	1,270
Massachusetts	1,364	0	1,364
Michigan	4,192	128	4,320
Minnesota	1,745	3	1,748
Mississippi	1,964	15	1,979
Missouri	1,281	1	1,282
Montana	212	0	212
Nebraska	362	106	468
Nevada	732	0	732
New Hampshire	582	0	582
New Jersey	1,610	25	1,635
New Mexico	425	3	428
New York	4,755	129	4,884
North Carolina	1,952	0	1,952
North Dakota	343	2	345
Ohio	2,288	4	2,292
Oklahoma	1,581	1	1,582
Oregon	999	0	999
Pennsylvania	3,144	60	3,204
Rhode Island	349	1	350
South Carolina	1,487	0	1,487
South Dakota	258	0	258
Tennessee	1,890	1	1,891
Texas	7,361	71	7,432
Utah	738	3	741
Vermont	252	0	252
Virginia	3,286	4	3,290
Washington	2,248	5	2,253
West Virginia	775	2	777
Wisconsin	583	1	584
Wyoming	171	0	171
Washington, DC	99	0	99
Total*	82,783	1,038	83,821

* The total includes reports for U.S. territories and Armed Forces locations overseas. An additional 29 reports for individuals are missing data for State.

**Table A9: Number of Reports for Individuals by Report Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action*	Federal Licensure & DEA Action	Government Administrative Action	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	1,825	0	0	461	0	3	2,289
Alaska	211	1	0	30	0	0	242
Arizona	2,804	6	34	250	11	2	3,107
Arkansas	1,029	3	294	310	0	6	1,642
California	4,547	58	88	2,114	114	55	6,976
Colorado	1,545	9	0	320	0	6	1,880
Connecticut	1,169	3	1	263	5	17	1,458
Delaware	116	0	13	59	1	6	195
Florida	1,108	10	0	1,045	3	236	2,402
Georgia	1,789	9	3	405	0	20	2,226
Hawaii	103	2	0	37	0	0	142
Idaho	122	1	1	54	0	2	180
Illinois	1,792	9	0	715	5	47	2,568
Indiana	145	3	173	124	7	5	457
Iowa	796	3	0	239	1	5	1,044
Kansas	375	1	0	113	6	13	508
Kentucky	1,868	10	0	200	6	22	2,106
Louisiana	2,245	6	3	371	0	13	2,638
Maine	267	0	0	116	0	7	390
Maryland	873	7	1	277	8	60	1,226
Massachusetts	919	4	1	431	0	9	1,364
Michigan	3,538	11	14	528	69	32	4,192
Minnesota	1,370	0	0	347	23	5	1,745
Mississippi	1,531	2	0	430	0	1	1,964
Missouri	1,062	5	3	170	11	30	1,281
Montana	178	1	0	24	0	9	212
Nebraska	309	3	0	46	2	2	362
Nevada	606	6	2	111	2	5	732
New Hampshire	422	1	0	150	0	9	582
New Jersey	1,067	5	0	515	1	22	1,610
New Mexico	321	3	0	101	0	0	425
New York	3,094	16	0	1,540	34	71	4,755
North Carolina	1,714	4	0	221	12	1	1,952
North Dakota	308	0	0	34	0	1	343
Ohio	1,782	7	2	460	9	28	2,288
Oklahoma	1,229	10	5	333	0	4	1,581
Oregon	863	3	0	131	1	1	999
Pennsylvania	1,966	19	1	1,091	9	58	3,144
Rhode Island	176	1	0	160	1	11	349
South Carolina	1,262	2	0	186	0	37	1,487
South Dakota	221	0	0	36	0	1	258
Tennessee	1,493	4	0	301	29	63	1,890
Texas	5,739	20	37	1,491	12	62	7,361
Utah	634	1	0	101	1	1	738
Vermont	133	0	1	117	0	1	252
Virginia	2,649	10	0	603	6	18	3,286
Washington	1,954	2	16	229	6	41	2,248
West Virginia	658	3	28	73	5	8	775
Wisconsin	427	3	0	148	1	4	583
Wyoming	158	0	0	13	0	0	171
Washington, DC	41	7	0	45	0	6	99
Total**	62,564	295	721	17,711	411	1,081	82,783

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action (CAAR) formats.

** An additional 29 Exclusion Reports for individuals are missing data for the State that took the action.

**Table A10: Number of Reports for Organizations by Report Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action*	Government Administrative Action	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	0	0	0	0	0	0
Alaska	0	0	0	0	0	0
Arizona	0	3	0	0	0	3
Arkansas	0	64	0	0	0	64
California	38	3	0	0	0	41
Colorado	0	0	0	5	0	5
Connecticut	31	0	0	0	0	31
Delaware	12	5	0	0	0	17
Florida	2	0	2	0	0	4
Georgia	0	0	0	0	1	1
Hawaii	0	0	0	0	0	0
Idaho	0	0	0	0	0	0
Illinois	1	2	2	0	1	6
Indiana	1	229	0	0	0	230
Iowa	0	0	0	0	0	0
Kansas	0	0	0	0	0	0
Kentucky	0	0	0	0	1	1
Louisiana	0	2	21	0	0	23
Maine	0	0	0	0	0	0
Maryland	40	0	0	0	4	44
Massachusetts	0	0	0	0	0	0
Michigan	43	5	0	80	0	128
Minnesota	1	0	0	2	0	3
Mississippi	0	15	0	0	0	15
Missouri	0	0	0	0	1	1
Montana	0	0	0	0	0	0
Nebraska	106	0	0	0	0	106
Nevada	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0
New Jersey	0	0	25	0	0	25
New Mexico	2	1	0	0	0	3
New York	16	35	78	0	0	129
North Carolina	0	0	0	0	0	0
North Dakota	2	0	0	0	0	2
Ohio	2	1	0	1	0	4
Oklahoma	0	1	0	0	0	1
Oregon	0	0	0	0	0	0
Pennsylvania	23	3	34	0	0	60
Rhode Island	0	0	0	0	1	1
South Carolina	0	0	0	0	0	0
South Dakota	0	0	0	0	0	0
Tennessee	1	0	0	0	0	1
Texas	33	38	0	0	0	71
Utah	1	2	0	0	0	3
Vermont	0	0	0	0	0	0
Virginia	0	1	0	0	3	4
Washington	0	4	1	0	0	5
West Virginia	0	2	0	0	0	2
Wisconsin	0	1	0	0	0	1
Wyoming	0	0	0	0	0	0
Washington, DC	0	0	0	0	0	0
Total	355	417	163	91	12	1,038

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

Table A11: Number of Individuals with HIPDB Reports and Number of Reports per Individual with Reports by Report Type (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Number of Reports	Individuals with HIPDB Reports	Individuals with State Licensure Reports	Individuals with Federal Licensure & DEA Reports	Individuals with Government Administrative Reports	Individuals with Exclusion or Debarment Reports	Individuals with Health Plan Contract Termination Reports	Individuals with Judgment or Conviction Reports
0	0	12,521	52,256	51,826	36,818	52,157	51,488
1	34,146	26,593	275	707	13,881	357	1,027
2	12,005	8,705	8	7	1,689	24	21
3	3,872	2,816	0	0	133	2	4
4	1,325	956	1	0	15	0	0
5	522	389	0	0	2	0	0
6	298	245	0	0	2	0	0
7	154	124	0	0	0	0	0
8	82	75	0	0	0	0	0
9	56	42	0	0	0	0	0
10	26	23	0	0	0	0	0
11	14	15	0	0	0	0	0
12	13	14	0	0	0	0	0
13	10	5	0	0	0	0	0
14	2	2	0	0	0	0	0
15	1	2	0	0	0	0	0
16	5	6	0	0	0	0	0
17	1	0	0	0	0	0	0
18	6	5	0	0	0	0	0
20	1	1	0	0	0	0	0
136	1	1	0	0	0	0	0
Total Individuals with Reports	52,540	40,019	284	714	15,722	383	1,052
Number of Reports	82,812	62,564	295	721	17,740	411	1,081
Reports Per Individual with Reports	1.58	1.56	1.04	1.01	1.13	1.07	1.03

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

Table A12: Number of Organizations with HIPDB Reports and Number of Reports per Organization with Reports by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Number of Reports	Organizations with HIPDB Reports	Organizations with State Licensure Reports	Organizations with Government Administrative Reports	Organizations with Exclusion or Debarment Reports	Organizations with Health Plan Contract Termination Reports	Organizations with Judgment or Conviction Reports
0	0	561	510	680	758	823
1	717	234	264	148	66	10
2	74	24	40	5	6	1
3	28	9	13	0	3	0
4	7	2	4	0	1	0
5	3	0	2	1	0	0
6	1	1	0	0	0	0
8	2	1	1	0	0	0
10	1	1	0	0	0	0
14	1	1	0	0	0	0
Total Organizations with Reports	834	273	324	154	76	11
Number of Reports	1,038	355	417	163	91	12
Reports Per Organization	1.24	1.30	1.29	1.06	1.20	1.09

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

**Table B1: Number of Reports for Physicians by Report Type and Year of Action Taken
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996*		August 21 - December 31, 1996*		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action**	14	1.0%	1,299	86.7%	3,409	81.6%	3,515	82.0%	3,449	84.8%	2,779	79.4%	14,465	76.6%
Federal Licensure & DEA Action	176	13.1%	8	0.5%	26	0.6%	52	1.2%	21	0.5%	7	0.2%	283	1.5%
Government Administrative Action	0	0.0%	0	0.0%	6	0.1%	3	0.1%	9	0.2%	0	0.0%	25	0.1%
Exclusion or Debarment Action	1,158	85.9%	185	12.3%	713	17.1%	684	16.0%	544	13.4%	628	18.0%	3,912	20.7%
Health Plan Contract Termination	0	0.0%	6	0.4%	24	0.6%	29	0.7%	42	1.0%	82	2.3%	183	1.0%
Judgments or Conviction	0	0.0%	1	0.1%	0	0.0%	3	0.1%	2	0.0%	2	0.1%	8	0.0%
Total	1,348	100.0%	1,499	100.0%	4,178	100.0%	4,286	100.0%	4,067	100.0%	3,498	100.0%	18,876	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including retroactive reports for actions taken prior to 1999 and 2000.

Year of action taken refers to the year the entity reported action was taken.

*August 21, 1996 was the date of enactment of the HIPDB, which authorized establishment of the HIPDB.

**Table B2: Reasons for Actions Taken Against Physicians by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Reason for Action	State Licensure Action		Federal Licensure & DEA Action		Government Administrative Action		Exclusion or Debarment Action		Health Plan Contract Termination		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance Abuse	1,094	7.9%	0	0.0%	1	4.0%	0	0.0%	0	0.0%	1,095	6.1%
Fraud	222	1.6%	0	0.0%	8	32.0%	377	10.2%	5	2.8%	612	3.4%
Unprofessional Conduct	1,351	9.7%	0	0.0%	2	8.0%	0	0.0%	5	2.8%	1,358	7.5%
Substandard Care/Services	1,099	7.9%	0	0.0%	0	0.0%	2	0.1%	14	7.8%	1,115	6.2%
Patient Abuse	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	0.1%
Criminal Convictions	505	3.6%	0	0.0%	0	0.0%	497	13.4%	29	16.1%	1,031	5.7%
Health-Related Impairments	181	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	181	1.0%
Practices Directly Affecting Patient Care	36	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36	0.2%
Practices Indirectly Affecting Patient Care	397	2.9%	280	98.9%	2	8.0%	793	21.4%	56	31.1%	1,528	8.4%
Actions Taken by Fed./State/Local Authority	1,512	10.9%	0	0.0%	7	28.0%	2,014	54.3%	50	27.8%	3,583	19.8%
Other (Not Classified)	7,476	53.8%	3	1.1%	5	20.0%	27	0.7%	21	11.7%	7,532	41.7%
Total*	13,885	100.0%	283	100.0%	25	100.0%	3,710	100.0%	180	100.0%	18,083	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

*The total excludes 793 reports for which a reason for action was not specified.

Table B3: Types of Actions Taken Against Physicians by Reason for Action
 (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Type of Action	Reason for Action											Total
	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care/Services	Patient Abuse	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal/ State/ Local Authority	Other (Not Classified)	
Adverse Actions												
State Licensure Action												
Revocation of License	98	72	190	179		174	23	1	336	393	199	1,665
Probation of License	437	41	545	498	2	68	53	15	171	361	637	2,828
Suspension of License	458	68	361	231	5	213	83	7	105	461	583	2,575
Reprimand or Censure	4	10	130	87	1	18	0	7	10	124	1,049	1,440
Voluntary Surrender of License	39	15	48	27	1	20	12	2	31	97	88	380
Reprimand, Censure, Vol Srndr	0	0	0	0	0	0	0	0	0	0	2,986	2,986
Limitation or Restriction on License/ Practice	24	3	36	23	2	0	5	1	11	28	56	189
Denial of License (Renewal Only)	1	0	1	0	0	1	1	0	1	5	28	38
Administrative Fine/Monetary Penalty	3	4	6	29	0	2	0	1	2	16	20	83
License Reinstatement Denied	0	0	0	0	0	0	0	0	0	0	92	92
Other Licensure Action	30	9	33	25	1	9	4	2	9	27	319	468
Exclusion or Debarment Action												
Exclusion from Federal Health Care Program	0	15	0	0	0	385	0	0	79	660		1,139
Exclusion from a State Health Care Program	0	13	0	2	0	13	0	0	49	155	22	254
Excl. from Medicare/Medicaid/All Other Fed. Pgms.	0	214	0	0	0	73	0	0	298	979	1	1,565
Excl. from Medicare & State Health Care Pgms.	0	76	0	0	0	16	0	0	159	161		412
Government Administrative Action												
Vol Srndr fr Medicaid/St Prgm Under Invst	0	0	0	0	0	0	0	0	1	0	0	1
Administrative Fine/Monetary Penalty	0	0	0	0	0	0	0	0	1	0	0	1
Termination from Medicaid/Other State Prgm	0	7	0	0	0	0	0	0	0	0	1	8
Personnel Action--Not Classified	1	0	0	0	0	0	0	0	0	0	0	1
Other Action--Not Classified	0	1	2	0	0	0	0	0	0	7	4	14
Health Plan Contract Termination												
Health Plan Contract Termination	0	5	5	14	0	29	0	0	56	50	21	180
Total Adverse Actions	1,095	553	1,357	1,115	12	1,021	181	36	1,319	3,524	6,106	16,319
Non-Adverse Actions												
State Licensure Action												
Licensure Restored or Reinstated (Complete or Partial)	0	0	1	0	0	0	0	0	1	0	1,422	1,424
Exclusion or Debarment Action												
Reinstatement	0	59	0	0	0	10	0	0	208	59	4	340
Total Non-Adverse Actions												
Total Actions Taken*	1,095	612	1,358	1,115	12	1,031	181	36	1,528	3,583	7,532	18,083

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* The total excludes 793 reports for which a reason for action was not specified.

Table B4: Number of Physicians with Reports, Number of Reports for Physician with Reports, and Reports per Physician with Reports by State (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

State	Physicians with Reports	Number of Reports for Physicians with Reports	Reports per Physician with Reports
Alabama	174	264	1.52
Alaska	60	66	1.10
Arizona	335	457	1.36
Arkansas	74	138	1.86
California	1,913	2,573	1.35
Colorado	311	381	1.23
Connecticut	170	263	1.55
Delaware	16	20	1.25
Florida	648	902	1.39
Georgia	350	473	1.35
Hawaii	45	54	1.20
Idaho	38	54	1.42
Illinois	421	582	1.38
Indiana	80	97	1.21
Iowa	215	261	1.21
Kansas	93	140	1.51
Kentucky	200	317	1.59
Louisiana	175	222	1.27
Maine	78	97	1.24
Maryland	342	488	1.43
Massachusetts	255	351	1.38
Michigan	610	980	1.61
Minnesota	144	222	1.54
Mississippi	137	244	1.78
Missouri	279	338	1.21
Montana	27	40	1.48
Nebraska	39	48	1.23
Nevada	69	92	1.33
New Hampshire	57	69	1.21
New Jersey	430	663	1.54
New Mexico	41	49	1.20
New York	1,726	2,126	1.23
North Carolina	195	258	1.32
North Dakota	73	99	1.36
Ohio	454	865	1.91
Oklahoma	180	270	1.50
Oregon	156	214	1.37
Pennsylvania	691	931	1.35
Rhode Island	57	74	1.30
South Carolina	147	254	1.73
South Dakota	17	17	1.00
Tennessee	167	240	1.44
Texas	660	1,014	1.54
Utah	83	110	1.33
Vermont	47	66	1.40
Virginia	284	550	1.94
Washington	264	370	1.40
West Virginia	137	199	1.45
Wisconsin	113	131	1.16
Wyoming	29	40	1.38
Washington, DC	52	58	1.12
Total*	13,387	18,863	1.41

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

*The total includes reports for U.S. territories and Armed Forces locations overseas. The total excludes 13 reports for which the State was not specified.

**Table B5: Number of Reports For Physicians by Report Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action	Federal Licensure & DEA Action	Government Administrative Action	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	214	0	0	50	0	0	264
Alaska	63	1	0	2	0	0	66
Arizona	393	5	0	49	10	0	457
Arkansas	122	3	0	13	0	0	138
California	1,914	53	0	603	3	0	2,573
Colorado	333	9	0	39	0	0	381
Connecticut	206	3	0	51	3	0	263
Delaware	12	0	0	8	0	0	20
Florida	659	10	0	233	0	0	902
Georgia	360	9	1	103	0	0	473
Hawaii	39	2	0	13	0	0	54
Idaho	48	1	1	4	0	0	54
Illinois	431	9	0	138	4	0	582
Indiana	46	3	0	41	7	0	97
Iowa	218	3	0	39	1	0	261
Kansas	108	1	0	28	3	0	140
Kentucky	234	10	0	67	6	0	317
Louisiana	164	6	0	52	0	0	222
Maine	83	0	0	14	0	0	97
Maryland	374	7	0	101	5	1	488
Massachusetts	247	3	0	100	0	1	351
Michigan	806	11	7	124	32	0	980
Minnesota	164	0	0	57	1	0	222
Mississippi	214	2	0	28	0	0	244
Missouri	280	5	0	46	7	0	338
Montana	33	1	0	6	0	0	40
Nebraska	30	3	0	13	1	1	48
Nevada	53	6	0	32	1	0	92
New Hampshire	56	1	0	12	0	0	69
New Jersey	453	5	0	205	0	0	663
New Mexico	28	3	0	18	0	0	49
New York	1,516	16	0	571	23	0	2,126
North Carolina	190	4	0	52	12	0	258
North Dakota	87	0	0	12	0	0	99
Ohio	729	7	0	122	7	0	865
Oklahoma	221	10	0	39	0	0	270
Oregon	185	2	0	27	0	0	214
Pennsylvania	666	18	0	241	6	0	931
Rhode Island	59	1	0	14	0	0	74
South Carolina	205	2	0	47	0	0	254
South Dakota	14	0	0	3	0	0	17
Tennessee	148	3	0	63	24	2	240
Texas	811	20	2	172	9	0	1,014
Utah	90	1	0	19	0	0	110
Vermont	55	0	0	11	0	0	66
Virginia	453	10	0	84	3	0	550
Washington	292	1	14	55	5	3	370
West Virginia	163	3	0	28	5	0	199
Wisconsin	107	3	0	21	0	0	131
Wyoming	37	0	0	3	0	0	40
Washington, DC	41	6	0	11	0	0	58
Total*	14,465	283	25	3,899	183	8	18,863

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* The total includes reports for U.S. territories and Armed Forces locations overseas. The total excludes 13 reports for which the State was not specified.

**Table C1: Number of Reports for Dentists by Report Type by Year of Action Taken
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996*		August 21 - December 31, 1996*		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action**	2	0.8%	315	80.2%	903	73.6%	863	76.8%	815	76.5%	677	73.6%	3,575	71.6%
Federal Licensure & DEA Action	0	0.0%	1	0.3%	2	0.2%	3	0.3%	7	0.7%	3	0.3%	16	0.3%
Government Administrative Action	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.1%	3	1.1%	6	0.1%
Health Plan Contract Termination	1	0.4%	3	0.8%	21	1.7%	30	2.7%	54	5.1%	57	6.2%	166	3.3%
Exclusion or Debarment	262	98.9%	74	18.8%	301	24.5%	226	20.1%	182	17.1%	180	19.6%	1,225	24.5%
Judgment or Conviction	0	0.0%	0	0.0%	0	0.0%	2	0.2%	4	0.4%	0	0.0%	6	0.1%
Total	265	100.0%	393	100.0%	1,227	100.0%	1,124	100.0%	1,065	100.0%	920	100.0%	4,994	100.0%
Percentage of Cumulative		5.3%		7.9%		24.6%		22.5%		21.3%		18.4%		100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

Year of adverse action refers to the year that the entity reported action was taken.

* August 21, 1996 was the date of enactment of the HIPAA, which authorized the establishment of the HIPDB.

** State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table C2: Reasons for Actions Taken Against Dentists by Report Type
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

Reason for Action	State Licensure Action		Federal Licensure & DEA Action		Government Administrative Action		Exclusion or Debarment Action		Health Plan Contract Termination		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance Abuse	240	6.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	240	5.0%
Fraud	118	3.4%	0	0.0%	3	50.0%	125	10.8%	4	2.4%	250	5.2%
Unprofessional Conduct	365	10.4%	0	0.0%	0	0.0%	0	0.0%	4	2.4%	369	7.6%
Substandard Care/Services	478	13.7%	0	0.0%	0	0.0%	0	0.0%	7	4.2%	485	10.0%
Patient Abuse	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.0%
Criminal Convictions	85	2.4%	0	0.0%	0	0.0%	120	10.4%	11	6.7%	216	4.5%
Health-Related Impairments	7	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	0.1%
Practices Directly Affecting Patient Care	120	3.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	120	2.5%
Practices Indirectly Affecting Patient Care	185	5.3%	10	100.0%	1	16.7%	669	57.7%	88	53.3%	953	19.7%
Actions Taken by Fed./State/Local Authority	118	3.4%	0	0.0%	0	0.0%	243	21.0%	50	30.3%	411	8.5%
Other (Not Classified)	1777	50.8%	0	0.0%	2	33.3%	2	0.2%	1	0.6%	1782	36.9%
Total	3,495	100.0%	10	100.0%	6	100.0%	1,159	100.0%	165	100.0%	4,835	100.0%
Percentage of Cumulative Actions		72.3%		0.2%		0.1%		24.0%		3.4%		100.0%

This table includes only actionable reports in the HIP DB as of December 31, 2000. HIP reports to the HIP DB were submitted by states in 1998 and 1999, including all retrospective reports for dentists taken prior to 1998 and 2000.

**Table C3: Types of Actions Taken Against Dentists by Reasons for Actions by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care or Services	Patient Abuse	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal, State, or Local Authority	Other (Not Classified)	Total
Adverse Actions												
State Licensure Action*												
Revocation of License	14	13	28	26	0	17	0	3	29	16	42	188
Probation of License	118	36	155	308	0	25	2	71	110	35	382	1,242
Suspension of License	89	37	58	83	2	39	2	29	38	35	153	565
Reprimand or Censure	2	5	61	28	0	0	0	7	0	12	551	666
Voluntary Surrender of License	13	6	3	8	0	1	1	0	2	5	11	50
Reprimand, Censure, Vol Surrender	0	0	0	0	0	0	0	0	0	0	383	383
Limitation or Restriction on License/ Practice	0	0	1	3	0	0	0	1	1	1	4	11
Denial of License (Renewal Only)	0	0	0	0	0	0	0	0	12	0	2	14
Administrative Fine/Monetary Penalty	0	13	21	14	0	1	0	5	3	6	26	89
License Reinstatement Denied	0	0	0	0	0	0	0	0	0	0	5	5
Other Licensure Action	4	8	38	8	0	2	2	4	0	8	32	106
Exclusion or Debarment Action												
Exclusion from Federal Health Care Program	0	4	0	0	0	95	0	0	102	59	0	260
Exclusion from a State Health Care Program	0	0	0	0	0	4	0	0	3	50	2	59
Exclusion from Medicare, Medicaid & Other Federal Prgms.	0	82	0	0	0	12	0	0	273	111	0	478
Exclusion from Medicare & State Health Care Programs	0	25	0	0	0	3	0	0	141	16	0	185
Government Administrative Action												
Termination from Medicaid/Other State Program	0	3	0	0	0	0	0	0	0	0	0	3
Other Action--Not Classified	0	0	0	0	0	0	0	0	1	0	2	3
Health Plan Contract Termination												
Health Plan Contract Termination	0	4	4	7	0	11	0	0	88	50	1	165
Total Adverse Actions	240	236	369	485	2	210	7	120	803	404	1,596	4,472
Non-Adverse Actions												
State Licensure Action*												
License Restored or Reinstated (Complete or Partial)	0	0	0	0	0	0	0	0	0	0	186	186
Exclusion or Debarment Action												
Reinstatement	0	14	0	0	0	6	0	0	150	7	0	177
Total Non-Adverse Actions	0	14	0	0	0	6	0	0	150	7	186	363
Total Actions Taken**	240	250	369	485	2	216	7	120	953	411	1,782	4,835

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* State Licensures include actions reported under the Legacy and the Consolidated Adverse Action (CAAR) formats.

** An additional 53 reports are missing the reason for action and/or detailed type of action information

Table C4: Number of Dentists with Reports, Number of Reports for Dentists with Reports, and Number of Reports per Dentist with Reports by State (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

State	Number of Dentists with Reports	Number of Reports for Dentists with Reports	Reports per Practitioner with Reports
Alabama	48	54	1.13
Alaska	17	22	1.29
Arizona	170	247	1.45
Arkansas	9	11	1.22
California	343	434	1.27
Colorado	189	224	1.19
Connecticut	64	109	1.70
Delaware	3	3	1.00
Florida	217	267	1.23
Georgia	85	93	1.09
Hawaii	8	11	1.38
Idaho	9	10	1.11
Illinois	159	240	1.51
Indiana	25	34	1.36
Iowa	62	73	1.18
Kansas	25	27	1.08
Kentucky	45	56	1.24
Louisiana	65	75	1.15
Maine	20	21	1.05
Maryland	93	142	1.53
Massachusetts	87	152	1.75
Michigan	209	342	1.64
Minnesota	70	122	1.74
Mississippi	29	45	1.55
Missouri	59	68	1.15
Montana	3	3	1.00
Nebraska	15	22	1.47
Nevada	22	24	1.09
New Hampshire	3	5	1.67
New Jersey	97	128	1.32
New Mexico	13	17	1.31
New York	215	271	1.26
North Carolina	75	88	1.17
North Dakota	0	0	0.00
Ohio	250	404	1.62
Oklahoma	47	57	1.21
Oregon	106	133	1.25
Pennsylvania	186	260	1.40
Rhode Island	5	5	1.00
South Carolina	40	53	1.33
South Dakota	1	1	1.00
Tennessee	65	91	1.40
Texas	132	159	1.20
Utah	25	29	1.16
Vermont	2	2	1.00
Virginia	124	202	1.63
Washington	36	46	1.28
West Virginia	7	7	1.00
Wisconsin	43	62	1.44
Wyoming	2	2	1.00
Washington, DC	14	19	1.36
Total*	3,649	4,984	1.37

* The total includes records for U.S. territories and Armed Forces locations overseas. An additional four reports for two practitioners are missing data for State.

**TABLE C5: Number of Reports for Dentists by Report Type by State
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action*	Federal Licensure & DEA Action	Government Administrative Action	Health Plan Contract Termination	Exclusion or Debarment Action	Judgment or Conviction	Total
Alabama	45	0	0	0	9	0	54
Alaska	14	0	0	0	8	0	22
Arizona	230	1	0	0	16	0	247
Arkansas	3	0	0	0	8	0	11
California	177	4	0	97	156	0	434
Colorado	216	0	0	0	8	0	224
Connecticut	93	1	1	2	13	0	109
Delaware	2	0	0	0	1	0	3
Florida	203	0	0	3	61	0	267
Georgia	70	0	0	0	23	0	93
Hawaii	5	0	0	0	6	0	11
Idaho	8	0	0	0	2	0	10
Illinois	196	0	0	1	43	0	240
Indiana	23	0	0	0	11	0	34
Iowa	66	0	0	0	7	0	73
Kansas	15	0	0	3	9	0	27
Kentucky	40	0	0	0	15	1	56
Louisiana	63	0	0	0	12	0	75
Maine	20	0	0	0	1	0	21
Maryland	107	0	0	2	33	0	142
Massachusetts	105	1	0	0	46	0	152
Michigan	280	5	5	12	45	0	342
Minnesota	86	0	0	22	14	0	122
Mississippi	38	0	0	0	7	0	45
Missouri	50	0	0	2	15	1	68
Montana	3	0	0	0	0	0	3
Nebraska	15	0	0	1	6	0	22
Nevada	22	0	0	0	2	0	24
New Hampshire	4	0	0	0	1	0	5
New Jersey	73	0	0	1	54	0	128
New Mexico	11	0	0	0	6	0	17
New York	128	0	0	10	133	0	271
North Carolina	77	0	0	0	11	0	88
North Dakota	0	0	0	0	0	0	0
Ohio	363	0	0	2	39	0	404
Oklahoma	43	0	0	0	14	0	57
Oregon	121	1	0	0	11	0	133
Pennsylvania	121	1	0	0	138	0	260
Rhode Island	2	0	0	1	2	0	5
South Carolina	34	0	0	0	18	1	53
South Dakota	0	0	0	0	1	0	1
Tennessee	38	1	0	1	50	1	91
Texas	100	0	0	0	59	0	159
Utah	17	0	0	0	12	0	29
Vermont	2	0	0	0	0	0	2
Virginia	173	0	0	0	29	0	202
Washington	27	0	0	0	17	2	46
West Virginia	5	0	0	0	2	0	7
Wisconsin	41	0	0	1	20	0	62
Wyoming	0	0	0	0	2	0	2
Washington, DC	0	1	0	0	18	0	19
Total**	3,575	16	0	166	1,221	6	4,984
Percentage of Total	71.7%	0.3%	0	3.3%	24.5%	0.1%	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

** An additional 4 records are missing valid information for State.

**Table D1: Number of Reports for Nurses and Related Personnel by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	RN* Reports		LPN/Vocational Nurse Reports		Nurses Aide Reports		Home Health Aide Reports		Total Nurse Reports	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action	22,543	98.4%	11,457	98.0%	2,354	30.9%	1	0.3%	36,355	85.5%
Federal Licensure & DEA Action	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Government Administrative Action	31	0.1%	0	0.0%	581	7.6%	0	0.0%	612	1.4%
Exclusion or Debarment Action	318	1.4%	224	1.9%	4,640	60.8%	288	93.5%	5,470	12.9%
Health Plan Contract Termination	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Judgment or Conviction	7	0.0%	6	0.1%	54	0.7%	19	6.2%	86	0.2%
Total**	22,900	100.0%	11,687	100.0%	7,629	100.0%	308	100.0%	42,524	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

** The total excludes 1,563 reports for which the type of nurse was not specified and 15 reports for non-nurse midwives.

**Table D2: Number of Reports on Nurses and Related Personnel by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	RN Reports*	LPN/Vocational Nurse Reports	Nurses Aide Reports	Home Health Aide (Homemaker) Reports	Total Reports
Alabama	856	668	306	1	1,831
Alaska	45	8	40	1	94
Arizona	1,626	455	42	8	2,131
Arkansas	541	356	412	10	1,319
California	839	933	411	27	2,210
Colorado	507	241	161	3	912
Connecticut	373	168	257	1	799
Delaware	69	32	38	0	139
Florida	2	2	134	4	142
Georgia	1,188	145	44	2	1,379
Hawaii	23	4	1	0	28
Idaho	30	35	9	11	85
Illinois	479	280	238	3	1,000
Indiana	9	7	186	0	202
Iowa	274	168	114	4	560
Kansas	150	72	14	5	241
Kentucky	894	594	48	0	1,536
Louisiana	1,638	365	110	17	2,130
Maine	101	31	40	0	172
Maryland	168	80	47	16	311
Massachusetts	245	154	159	1	559
Michigan	1,077	380	103	0	1,560
Minnesota	571	460	186	4	1,221
Mississippi	687	473	282	31	1,473
Missouri	310	209	25	5	549
Montana	86	47	9	0	142
Nebraska	67	50	4	0	121
Nevada	286	159	83	3	531
New Hampshire	202	42	228	1	473
New Jersey	220	90	15	3	328
New Mexico	183	73	12	9	277
New York	511	494	237	15	1,257
North Carolina	941	465	62	2	1,470
North Dakota	108	105	8	0	221
Ohio	380	209	125	6	720
Oklahoma	447	477	130	19	1,073
Oregon	145	51	299	10	505
Pennsylvania	460	281	184	1	926
Rhode Island	88	30	84	7	209
South Carolina	721	253	34	26	1,034
South Dakota	131	70	13	2	216
Tennessee	490	468	88	6	1,052
Texas	3,176	1,022	815	11	5,024
Utah	121	67	223	2	413
Vermont	25	11	112	3	151
Virginia	401	311	998	1	1,711
Washington	505	287	412	22	1,226
West Virginia	279	233	13	2	527
Wisconsin	136	52	26	2	216
Wyoming	89	20	3	0	112
Washington, DC	0	0	3	1	4
Total**	22,900	11,687	7,628	308	40,687

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners

**The total includes reports for U.S. territories and Armed Forces locations. The total excludes 1,564 reports for which the type of nurse or the State was not specified and 15 reports on non-nurse midwives.

**Table E1: Number of Reports for RNs* by Report Type by Year of Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996**		August 21 - December 31, 1996**		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action	409	99.3%	2,017	99.8%	6,143	99.0%	6,852	99.4%	5,907	99.5%	1,215	84.9%	22,543	98.4%
Federal Licensure & DEA Action	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Government Administrative Action	1	0.2%	0	0.0%	3	0.0%	3	0.0%	8	0.1%	16	1.1%	31	0.1%
Exclusion or Debarment Action	2	0.5%	4	0.2%	57	0.9%	40	0.6%	20	0.3%	195	13.6%	318	1.4%
Health Plan Contract Termination	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	1	0.0%
Judgment or Conviction	0	0.0%	0	0.0%	2	0.0%	1	0.0%	0	0.0%	4	0.3%	7	0.0%
Total	412	100.0%	2,021	100.0%	6,205	100.0%	6,896	100.0%	5,935	100.0%	1,431	100.0%	22,900	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

Year of action refers to the year the entity reported the action was taken.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

** August 21, 1996 was the date of enactment of the HIPAA, which authorized establishment of the HIPDB.

**Table E2: Type of Reports for RNs* by Reason for Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Reason for Action	State Licensure Action		Federal Licensure & DEA Action		Government Administrative Action		Exclusion or Debarment Action		Health Plan Contract Termination		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance Abuse	900	4.1%	0	0.0%	6	19.4%	0	0.0%	0	0.0%	906	4.1%
Fraud	55	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	55	0.2%
Unprofessional Conduct	237	1.1%	0	0.0%	10	32.3%	0	0.0%	0	0.0%	247	1.1%
Substandard Care/Services	326	1.5%	0	0.0%	1	3.2%	0	0.0%	0	0.0%	327	1.5%
Patient Abuse	19	0.1%	0	0.0%	1	3.2%	0	0.0%	0	0.0%	20	0.1%
Misappropriation of Patient Property	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
Criminal Convictions	190	0.9%	0	0.0%	0	0.0%	4	1.3%	0	0.0%	194	0.9%
Health-Related Impairments	25	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25	0.1%
Practices Directly Affecting Patient Care	56	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	56	0.3%
Practices Indirectly Affecting Patient Care	363	1.7%	0	0.0%	1	3.2%	4	1.3%	0	0.0%	368	1.7%
Actions Taken by Fed./State/Local Authority	196	0.9%	0	0.0%	1	3.2%	257	80.8%	0	0.0%	454	2.0%
Other (Not Classified)	19,533	89.2%	0	0.0%	11	35.5%	53	16.7%	1	100.0%	19,598	88.1%
Total**	21,903	100.0%	0	0.0%	31	100.0%	318	100.0%	1	100.0%	22,253	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners

** Total actions excludes 647 reports for which the reason for action was not specified.

**Table E3: Types of Actions Taken Against RNs* by Reason for Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care/Services	Patient Abuse	Misappropriation of Patient Property	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Fed./State/Local Authority	Other (Not Classified)	Total
Adverse Actions													
State Licensure Action													
Revocation of License	91	11	31	12	3	0	35	0	0	41	47	1,191	1,462
Probation of License	250	14	75	152	9	1	27	8	29	52	35	4,886	5,538
Suspension of License	463	13	51	64	2	1	98	16	8	60	48	1,922	2,746
Reprimand or Censure	1	3	45	24	2	1	5	0	11	3	19	2,279	2,393
Voluntary Surrender of License	72	3	14	19	3	0	13	1	3	33	24	40	225
Reprimand, Censure, Vol Srndr	0	0	0	0	0	0	0	0	0	0	0	6,468	6,468
Limitation or Restriction on License/ Practice	11	0	1	49	0	0	0	0	3	6	1	5	76
Denial of License (Renewal Only)	2	0	0	1	0	0	1	0	0	159	2	25	190
Administrative Fine/Monetary Penalty	0	0	3	3	0	0	0	0	2	1	9	7	25
License Reinstatement Denied	1	0	0	0	0	0	0	0	0	0	0	140	141
Other Licensure Action	6	11	17	2	0	0	10	0	0	8	11	49	114
Government Administrative Action													
Other Action--Not Classified	6	0	10	1	1	0	0	0	0	1	1	11	31
Exclusion or Debarment Action													
Extension of Previous Licensure Action	0	0	0	0	0	0	0	0	0	0	0	1	1
Exclusion from a State Health Care Program	0	0	0	0	0	0	4	0	0	4	257	53	318
Health Plan Contract Termination													
Health Plan Contract Termination	0	0	0	0	0	0	0	0	0	0	0	1	1
Total Adverse Actions	903	55	247	327	20	3	193	25	56	368	454	17,078	19,729
Non-Adverse Actions													
State Licensure Action													
Licensure Restored or Reinstated (Complete or Partial)	3	0	0	0	0	0	1	0	0	0	0	2,518	2,522
Reduction of Previous Licensure Action	0	0	0	0	0	0	0	0	0	0	0	2	2
Exclusion or Debarment Action													
Reinstatement	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Adverse Actions	3	0	0	0	0	0	1	0	0	0	0	2,520	2,524
Total Actions Taken	906	55	247	327	20	3	194	25	56	368	454	19,598	22,253

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

** Total actions excludes 647 reports for which the reason for action was not specified.

Table E4: Number of RNs with Reports, Number of Reports for RNs with Reports, and Number of Reports per RN with Reports by State (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

State	RNs with Reports*	Number of Reports for RNs with Reports*	Reports Per RN with Reports*
Alabama	566	856	1.51
Alaska	35	45	1.29
Arizona	859	1,626	1.89
Arkansas	270	541	2.00
California	558	839	1.50
Colorado	420	507	1.21
Connecticut	210	373	1.78
Delaware	42	69	1.64
Florida	2	2	1.00
Georgia	344	1,188	3.45
Hawaii	23	23	1.00
Idaho	26	30	1.15
Illinois	307	479	1.56
Indiana	7	9	1.29
Iowa	214	274	1.28
Kansas	116	150	1.29
Kentucky	321	894	2.79
Louisiana	589	1,638	2.78
Maine	70	101	1.44
Maryland	120	168	1.40
Massachusetts	237	245	1.03
Michigan	665	1,077	1.62
Minnesota	314	571	1.82
Mississippi	370	687	1.86
Missouri	247	310	1.26
Montana	59	86	1.46
Nebraska	44	67	1.52
Nevada	188	286	1.52
New Hampshire	149	202	1.36
New Jersey	157	220	1.40
New Mexico	122	183	1.50
New York	500	511	1.02
North Carolina	644	941	1.46
North Dakota	61	108	1.77
Ohio	185	380	2.05
Oklahoma	230	447	1.94
Oregon	111	145	1.31
Pennsylvania	357	460	1.29
Rhode Island	48	88	1.83
South Carolina	234	721	3.08
South Dakota	108	131	1.21
Tennessee	345	490	1.42
Texas	1597	3,176	1.99
Utah	83	121	1.46
Vermont	22	25	1.14
Virginia	283	401	1.42
Washington	245	505	2.06
West Virginia	129	279	2.16
Wisconsin	133	136	1.02
Wyoming	39	89	2.28
Washington, DC	0	0	0.00
Total**	13,005	22,900	1.76

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. This table includes only disclosable reports in the HIPDB as of December 31, 2000.

** The total includes reports for U.S. territories and Armed Forces locations overseas.

**Table E5: Number of Reports for RNs* by Report Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action	Federal Licensure & DEA Action	Government Administrative Action	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	856	0	0	0	0	0	856
Alaska	45	0	0	0	0	0	45
Arizona	1,626	0	0	0	0	0	1,626
Arkansas	536	0	0	5	0	0	541
California	832	0	0	7	0	0	839
Colorado	504	0	0	3	0	0	507
Connecticut	372	0	0	1	0	0	373
Delaware	68	0	0	1	0	0	69
Florida	0	0	0	2	0	0	2
Georgia	1,187	0	0	1	0	0	1,188
Hawaii	22	0	0	1	0	0	23
Idaho	28	0	0	2	0	0	30
Illinois	479	0	0	0	0	0	479
Indiana	8	0	0	1	0	0	9
Iowa	274	0	0	0	0	0	274
Kansas	150	0	0	0	0	0	150
Kentucky	892	0	0	2	0	0	894
Louisiana	1,634	0	0	4	0	0	1,638
Maine	99	0	0	0	0	2	101
Maryland	165	0	1	1	0	1	168
Massachusetts	245	0	0	0	0	0	245
Michigan	1,077	0	0	0	0	0	1,077
Minnesota	571	0	0	0	0	0	571
Mississippi	687	0	0	0	0	0	687
Missouri	308	0	0	1	0	1	310
Montana	86	0	0	0	0	0	86
Nebraska	66	0	0	1	0	0	67
Nevada	284	0	0	2	0	0	286
New Hampshire	202	0	0	0	0	0	202
New Jersey	215	0	0	5	0	0	220
New Mexico	181	0	0	2	0	0	183
New York	509	0	0	2	0	0	511
North Carolina	939	0	0	2	0	0	941
North Dakota	108	0	0	0	0	0	108
Ohio	377	0	2	1	0	0	380
Oklahoma	441	0	0	6	0	0	447
Oregon	144	0	0	0	1	0	145
Pennsylvania	384	0	0	76	0	0	460
Rhode Island	86	0	0	0	0	2	88
South Carolina	721	0	0	0	0	0	721
South Dakota	131	0	0	0	0	0	131
Tennessee	489	0	0	1	0	0	490
Texas	2,989	0	0	187	0	0	3,176
Utah	121	0	0	0	0	0	121
Vermont	25	0	0	0	0	0	25
Virginia	401	0	0	0	0	0	401
Washington	504	0	0	0	0	1	505
West Virginia	250	0	28	1	0	0	279
Wisconsin	136	0	0	0	0	0	136
Wyoming	89	0	0	0	0	0	89
Washington, DC	0	0	0	0	0	0	0
Total*	22,543	0	31	318	1	7	22,900

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* RNs include non-specialist Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners

**Table F1: Number of Reports for LPNs and Nurses Aides by Report Type by Year of Action Taken
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996*		August 21 - December 31, 1996*		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action	593	99.3%	1,175	88.5%	3,625	81.1%	3,993	77.5%	3,206	69.6%	1,219	38.5%	13,811	71.5%
Federal Licensure & DEA Action	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Government Administrative Action	1	0.2%	34	2.6%	98	2.2%	152	3.0%	141	3.1%	155	4.9%	581	3.0%
Exclusion or Debarment Action	3	0.5%	117	8.8%	736	16.5%	988	19.2%	1,247	27.1%	1,773	56.0%	4,864	25.2%
Health Plan Contract Termination	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Judgment or Conviction	0	0.0%	1	0.1%	9	0.2%	18	0.3%	14	0.3%	18	0.6%	60	0.3%
Total	597	100.0%	1,327	100.0%	4,468	100.0%	5,151	100.0%	4,608	100.0%	3,165	100.0%	19,316	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken in 1999 and 2000.

Year of action taken refers to the year the entity reported the action was taken.

* August 21, 1996 was the date of enactment of the HIPAA, which authorized establishment of the HIPDB.

**Table F2: Reasons for Actions Taken Against LPNs and Nurses Aides by Report Type
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Reason for Action	State Licensure Action		Federal Licensure & DEA Action		Government Administrative Action		Exclusion or Debarment Action		Health Plan Contract Termination		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance Abuse	654	4.8%	0	0.0%	2	0.3%	0	0.0%	0	0.0%	656	3.5%
Fraud	114	0.8%	0	0.0%	0	0.0%	304	6.3%	0	0.0%	418	2.2%
Unprofessional Conduct	859	6.3%	0	0.0%	14	2.4%	0	0.0%	0	0.0%	873	4.6%
Substandard Care/Services	293	2.2%	0	0.0%	36	6.2%	0	0.0%	0	0.0%	329	1.7%
Patient Abuse	595	4.4%	0	0.0%	415	71.4%	0	0.0%	0	0.0%	1,010	5.3%
Misappropriation of Patient Property	80	0.6%	0	0.0%	64	11.0%	0	0.0%	0	0.0%	144	0.8%
Criminal Convictions	411	3.0%	0	0.0%	0	0.0%	1,090	22.7%	0	0.0%	1,501	7.9%
Health-Related Impairments	11	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	0.1%
Practices Directly Affecting Patient Care	28	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	28	0.1%
Practices Indirectly Affecting Patient Care	388	2.9%	0	0.0%	1	0.2%	6	0.1%	0	0.0%	395	2.1%
Actions Taken by Fed./State/Local Authority	58	0.4%	0	0.0%	0	0.0%	3,385	70.4%	0	0.0%	3,443	18.2%
Other (Not Classified)	10,065	74.2%	0	0.0%	49	8.4%	25	0.5%	0	0.0%	10,139	53.5%
Total*	13,556	100.0%	0	0.0%	581	100.0%	4,810	100.0%	0	0.0%	18,947	100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* The total includes 369 reports for LPNs and Nurses Aides for which the reason for action was not specified.

Table F3: Types of Actions Taken Against LPNs and Nurses Aides by Reason for Actions (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Type of Action	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care/ Services	Patient Abuse	Misappropriation of Patient Property	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal/ State/Local Authority	Other (Not Classified)	Total
Adverse Actions													
State Licensure Action													
Revocation of License	118	26	448	55	466	66	86	1	3	38	21	1,204	2,532
Probation of License	264	25	79	111	15	0	160	2	8	61	6	2,350	3,081
Suspension of License	205	32	122	59	18	2	89	3	5	97	13	1,172	1,817
Reprimand or Censure	6	12	101	37	58	3	22	5	6	1	6	1,282	1,544
Voluntary Surrender of License	44	8	81	12	25	5	15	1	2	32	4	39	268
Reprimand, Censure, Vol Smdr	0	0	0	0	0	0	0	0	0	0	0	3,027	3,027
Limitation or Restriction on License/ Practice	7	0	3	16	1	0	2	1	2	1	0	3	36
Denial of License (Renewal Only)	1	1	1	1	1	0	6	1	0	152	0	28	192
Administrative Fine/Monetary Penalty	0	1	0	1	0	0	0	0	0	0	0	0	1
License Reinstatement/Denied	1	0	0	0	1	0	0	0	0	0	0	150	153
Extension of Previous Licensure Action	0	0	0	0	0	0	1	0	0	0	0	0	1
Other Licensure Action	7	8	23	2	10	3	29	2	2	6	8	28	128
Exclusion or Debarment Action													
Exclusion from Federal Health Care Program	0	0	0	0	0	0	1	0	0	0	118	0	119
Exclusion from a State Health Care Program	0	2	0	0	0	0	20	0	0	1	195	25	243
Excl. from Medicare/Medicaid/All Other Fed. Pgms.	0	223	0	0	0	0	845	0	0	4	2,832	0	3,904
Excl. from Medicare & State Health Care Pgms.	0	69	0	0	0	0	213	0	0	1	210	0	493
Government Administrative Action													
Disqual of Clin Invstgr from Recv Invest Prdctis.	0	0	0	0	1	0	0	0	0	0	0	0	1
Disqual Based on Sr Nurses Aide Registry	0	0	3	33	408	59	0	0	0	1	0	49	554
Personnel Action--Employee Termination	1	0	10	0	0	1	0	0	0	0	0	0	12
Personnel Action--Not Classified	1	0	0	0	1	0	0	0	0	0	0	0	1
Other Action--Not Classified	0	0	1	3	5	4	0	0	0	0	0	0	13
Health Plan Contract Termination													
Health Plan Contract Termination	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adverse Actions	655	407	872	329	1,010	144	1,489	11	28	395	3,413	9,368	18,121
Non-Adverse Actions													
State Licensure Action													
License Restored or Reinstated (Complete or Partial)	1	1	1	0	0	0	1	0	0	0	0	770	774
Reduction of Previous Licensure Action	0	0	0	0	0	0	0	0	0	0	0	1	1
Exclusion or Debarment Action													
Reinstatement (Exclusion)	0	10	0	0	0	0	11	0	0	0	30	0	51
Total Non-Adverse Actions	1	11	1	0	0	0	12	0	0	0	30	771	826
Total Actions Taken*	656	418	873	329	1,010	144	1,501	11	28	395	3,443	10,139	18,947

*This table includes only disclosable reports in the HIPDB as of December 31, 2000.

**Total actions taken excludes 367 reports for LPNs and Nurses Aides for which the reason for action was not specified.

Table F4: Number of LPNs and Nurses Aides with Reports, Number of Reports for LPNs and Nurses Aides with Reports, and Number of Reports Per LPN/Nurses Aide with Reports by State (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

State	LPNs/Nurses Aides with Reports	Number of Reports for LPNs/Nurses Aides with Reports	Reports Per LPN/Nurses Aide with Reports
Alabama	683	974	1.43
Alaska	38	48	1.26
Arizona	299	497	1.66
Arkansas	541	768	1.42
California	906	1,344	1.48
Colorado	361	402	1.11
Connecticut	311	425	1.37
Delaware	62	70	1.13
Florida	132	136	1.03
Georgia	143	189	1.32
Hawaii	5	5	1.00
Idaho	38	44	1.16
Illinois	444	518	1.17
Indiana	192	193	1.01
Iowa	226	282	1.25
Kansas	77	86	1.12
Kentucky	270	642	2.38
Louisiana	412	475	1.15
Maine	59	71	1.20
Maryland	104	127	1.22
Massachusetts	275	313	1.14
Michigan	330	483	1.46
Minnesota	358	646	1.80
Mississippi	464	755	1.63
Missouri	186	234	1.26
Montana	38	56	1.47
Nebraska	37	54	1.46
Nevada	177	242	1.37
New Hampshire	202	270	1.34
New Jersey	79	105	1.33
New Mexico	65	85	1.31
New York	654	731	1.12
North Carolina	387	527	1.36
North Dakota	62	113	1.82
Ohio	224	334	1.49
Oklahoma	371	607	1.64
Oregon	324	350	1.08
Pennsylvania	327	465	1.42
Rhode Island	92	114	1.24
South Carolina	144	287	1.99
South Dakota	65	83	1.28
Tennessee	411	556	1.35
Texas	1,525	1,837	1.20
Utah	217	290	1.34
Vermont	104	123	1.18
Virginia	852	1,309	1.54
Washington	517	699	1.35
West Virginia	195	246	1.26
Wisconsin	75	78	1.04
Wyoming	16	23	1.44
Washington, DC	3	3	1.00
Total*	14,080	19,315	1.37

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* The total includes reports for U.S. territories and Armed Forces locations overseas. The total number of reports excludes one report for which the State was not specified.

**Table F5: Number of Reports for LPNs and Nurses Aides by Report type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action	Federal Licensure & DEA Action	Government Administrative Actions	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	667	0	0	307	0	0	974
Alaska	40	0	0	8	0	0	48
Arizona	455	0	0	42	0	0	497
Arkansas	354	0	293	121	0	0	768
California	932	0	88	324	0	0	1,344
Colorado	240	0	0	162	0	0	402
Connecticut	304	0	0	121	0	0	425
Delaware	32	0	13	25	0	0	70
Florida	0	0	0	136	0	0	136
Georgia	145	0	1	43	0	0	189
Hawaii	4	0	0	1	0	0	5
Idaho	35	0	0	9	0	0	44
Illinois	280	0	0	238	0	0	518
Indiana	7	0	173	13	0	0	193
Iowa	168	0	0	114	0	0	282
Kansas	72	0	0	14	0	0	86
Kentucky	594	0	0	47	0	1	642
Louisiana	364	0	3	108	0	0	475
Maine	31	0	0	40	0	0	71
Maryland	77	0	0	35	0	15	127
Massachusetts	154	0	1	158	0	0	313
Michigan	380	0	0	103	0	0	483
Minnesota	460	0	0	186	0	0	646
Mississippi	498	0	0	257	0	0	755
Missouri	209	0	2	19	0	4	234
Montana	47	0	0	6	0	3	56
Nebraska	50	0	0	4	0	0	54
Nevada	205	0	1	36	0	0	242
New Hampshire	155	0	0	109	0	6	270
New Jersey	88	0	0	17	0	0	105
New Mexico	72	0	0	13	0	0	85
New York	490	0	0	240	0	1	731
North Carolina	465	0	0	62	0	0	527
North Dakota	105	0	0	8	0	0	113
Ohio	208	0	0	126	0	0	334
Oklahoma	475	0	5	127	0	0	607
Oregon	343	0	0	7	0	0	350
Pennsylvania	237	0	0	228	0	0	465
Rhode Island	29	0	0	82	0	3	114
South Carolina	253	0	0	34	0	0	287
South Dakota	70	0	0	13	0	0	83
Tennessee	468	0	0	73	0	15	556
Texas	1,342	0	1	491	0	3	1,837
Utah	262	0	0	28	0	0	290
Vermont	42	0	0	81	0	0	123
Virginia	931	0	0	378	0	0	1,309
Washington	668	0	0	22	0	9	699
West Virginia	233	0	0	13	0	0	246
Wisconsin	51	0	0	27	0	0	78
Wyoming	20	0	0	3	0	0	23
Washington, DC	0	0	0	3	0	0	3
Total*	13,811	0	581	4,863	0	60	19,315

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* The total excludes one report for which the State was not specified.

TABLE G1: Number of "Other Professionals" with HIPDB Reports, Number of Reports for "Other Professionals with Reports, and Number of Reports per "Other Professional" with Reports by Field (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Field	Number of "Other Professionals" with Reports	Number of Reports for "Other Professionals" with Reports	Reports per "Other Professional" with Reports
Non-Healthcare Practitioners	2,517	3,118	1.24
Pharmacists and Pharmacy Assistants	2,300	2,965	1.29
Chiropractors	2,127	2,750	1.29
Psychology-related Practitioners	671	888	1.32
Podiatrists and Podiatric-related Practitioners	514	742	1.44
Respiratory Therapists and Related Practitioners	478	511	1.07
Facility Administrators	423	464	1.10
Optical-related Practitioners	405	672	1.66
Physical Therapists and Related Practitioners	377	462	1.23
Counselors	365	444	1.22
Social Workers	324	364	1.12
Physician Assistants and Medical Assistants	273	388	1.42
Dental Assistants, Technicians, Hygienists	222	244	1.10
Occupational Therapists and Related Practitioners	219	242	1.11
Emergency Medical Practitioners	120	132	1.07
Technologists	123	134	1.12
Speech and Language-Related Practitioners	33	38	1.15
Acupuncturists	23	26	1.13
Audiologists	15	16	1.07
Dieticians	6	6	1.00
Homeopaths and Naturopaths	5	10	2.00
Psychiatric Technicians and Aides	4	4	1.00
Denturists	2	2	1.00
Nutritionists	1	1	1.00
Unspecified or Unknown	182	141	0.77
Total*	11,729	14,764	1.26

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* An additional 82 reports are missing information on the number of reports and/or license summary.

**Table G2: Types of Actions Taken Against "Other Professionals" by Year Action Taker
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

Report Type	Prior to August 21, 1996*		August 21 - December 31, 1996*		1997		1998		1999		2000		Cumulative	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure Action**	424	39.4%	608	60.8%	1,290	43.8%	1,675	54.9%	2,028	62.0%	2,129	60.7%	8,154	54.9%
Federal Licensure & DEA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	2	0.0%
Government Administrative Action	4	0.4%	2	0.2%	8	0.3%	11	0.4%	30	0.9%	23	0.7%	78	0.5%
Exclusion Action	647	60.2%	324	32.4%	1,355	46.0%	1,067	34.9%	898	27.5%	1,279	36.5%	5,570	37.5%
Health Plan Contract Termination	0	0.0%	2	0.2%	1	0.0%	16	0.5%	19	0.6%	23	0.7%	61	0.4%
Judgment or Conviction	0	0.0%	64	6.4%	290	9.9%	284	9.3%	292	8.9%	51	1.5%	981	6.6%
Total	1,075	100.0%	1,000	100.0%	2,944	100.0%	3,053	100.0%	3,269	100.0%	3,505	100.0%	14,846	100.0%
Percentage of Cumulative Reports		7.2%		6.7%		19.8%		20.6%		22.0%		23.6%		100.0%

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000. The columns representing years refer to when the reports' actions were taken, not to when the reports were submitted.

* August 21, 1996 was the date of enactment of the HIPAA, which authorized establishment of the HIPDB.

** State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table G3: Reasons for Actions Taken Against "Other Professionals" by Report Type
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

Reason for Action	State Licensure Action		Federal Licensure & DEA Action		Government Administrative Action		Exclusion or Debarment Action		Health Plan Contract Termination		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance Abuse	458	5.9%	0	0.0%	4	5.1%	0	0.0%	1	1.8%	463	3.5%
Fraud	443	5.7%	0	0.0%	2	2.6%	1,829	34.6%	4	7.3%	2,278	17.3%
Unprofessional Conduct	1,505	19.4%	0	0.0%	36	46.2%	0	0.0%	0	0.0%	1,541	11.7%
Substandard Care/Services	688	8.9%	0	0.0%	1	1.3%	0	0.0%	0	0.0%	689	5.2%
Patient Abuse	30	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	30	0.2%
Misappropriation of Patient Property	8	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.1%
Criminal Convictions	567	7.3%	0	0.0%	0	0.0%	401	7.6%	18	32.7%	986	7.5%
Health-Related Impairments	24	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	0.2%
Practices Directly Affecting Patient Care	185	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	185	1.4%
Practices Indirectly Affecting Patient Care	371	4.8%	2	100.0%	2	2.6%	1,994	37.8%	15	27.3%	2,384	18.1%
Actions Taken by Fed./State/Local Authority	525	6.8%	0	0.0%	4	5.1%	1,028	19.5%	9	16.4%	1,566	11.9%
Other (Not Classified)	2,943	38.0%	0	0.0%	29	37.2%	30	0.6%	8	14.5%	3,010	22.9%
Total*	7,747	100.0%	2	100.0%	78	100.0%	5,282	100.0%	55	100.0%	13,164	100.0%
Percentage of Cumulative Actions		58.8%		0.0%		0.6%		40.1%		0.4%		100.0%

All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* An additional 1,682 reports are missing information on license field.

**Table G4: Types of Actions Taken Against "Other Professionals" by Reason for Action
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Action	Substance Abuse	Fraud	Unprofessional Conduct	Substandard Care/ Services	Patient Abuse	Misapprop. of Patient Property	Criminal Convictions	Health-Related Impairments	Practices Directly Affecting Patient Care	Practices Indirectly Affecting Patient Care	Actions Taken by Federal/ State/Local Authority	Other (Not Classified)	Total
Adverse Actions													
State Licensure Action*													
Revocation of License	68	84	267	54	2	1	148	5	5	25	109	268	1,036
Probation of License	207	79	484	178	3	2	164	6	63	59	60	620	1,925
Suspension of License	124	62	262	97	2	3	158	5	32	87	78	297	1,207
Reprimand or Censure	2	37	160	252	1	0	17	0	47	6	197	532	1,251
Voluntary Surrender of License	29	19	90	33	3	0	44	3	4	14	32	121	392
Reprimand, Censure, Voluntary Surrender	0	0	0	0	0	0	0	0	0	0	0	437	437
Limitation or Restriction on License/ Practice	6	2	50	11	0	0	3	2	0	4	7	12	97
Denial of License	0	4	1	1	0	0	4	0	1	160	4	12	187
Administrative Fine/Monetary Penalty	0	128	89	17	0	0	3	0	25	4	14	280	560
Other Licensure Action	22	26	100	44	18	2	22	3	8	14	24	302	585
Exclusion or Debarment Action													
Exclusion from Federal Health Care Program	0	8	0	0	0	0	174	0	0	382	88	0	652
Exclusion from a State Health Care Program	0	6	0	0	0	0	41	0	0	23	224	25	319
Exclusion from Medicare, Medicaid, Other Federal Programs	0	1,360	0	0	0	0	126	0	0	796	655	3	2,940
Exclusion from Medicare & State Health Care Programs	0	407	0	0	0	0	53	0	0	452	54	1	967
Government Administrative Action													
Termination from Medicaid/Other State Program	0	2	0	0	0	0	0	0	0	0	0	0	2
Voluntary Surrender while Under Investigation	0	0	0	0	0	0	0	0	0	1	0	0	1
Administrative Fine/Monetary Penalty	0	0	0	0	0	0	0	0	0	1	2	25	28
Personnel Action-- Not Classified	1	0	0	0	0	0	0	0	0	0	0	0	1
Other Action--Not Classified	3	0	36	1	0	0	0	0	0	0	2	4	46
Health Plan Contract Termination													
Health Plan Contract Termination	1	4	0	0	0	0	18	0	0	15	9	8	55
Total Adverse Actions	463	2,228	1,539	688	29	0	975	24	185	2,043	1,559	2,947	12,680
Non-Adverse Actions													
State Licensure Action*													
License Restored or Reinstated (Complete or Partial)	0	2	1	1	0	0	2	0	0	0	0	47	53
Reduction of Previous Action	0	0	1	0	1	0	0	0	0	0	0	4	6
Exclusion or Debarment Action													
Reinstatement	0	48	0	0	0	8	7	7	0	341	7	1	419
Total Non-Adverse Actions	0	50	2	1	1	8	9	7	0	341	7	52	478
Total Actions Taken**	463	2,278	1,541	689	30	8	984	31	185	2,384	1,566	2,999	13,158

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action (CAAR) formats.

** An additional 1,688 reports are missing reason for action and/or type of action information.

Table G5: Number of "Other Professionals" with Reports, Number of Reports for "Other Professionals," and Number of Reports per "Other Professional" with Reports by State (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

State	Number of "Other Professionals" with Reports	Number of Reports for "Other Professionals" with Reports	Reports per "Other Professional" with Reports
Alabama	88	98	1.11
Alaska	48	57	1.19
Arizona	203	233	1.15
Arkansas	82	88	1.07
California	1,403	1,611	1.15
Colorado	279	324	1.16
Connecticut	202	261	1.29
Delaware	20	23	1.15
Florida	859	1,014	1.18
Georgia	252	274	1.09
Hawaii	40	46	1.15
Idaho	23	26	1.13
Illinois	541	736	1.36
Indiana	79	99	1.25
Iowa	98	113	1.15
Kansas	78	96	1.23
Kentucky	147	184	1.25
Louisiana	96	109	1.14
Maine	72	79	1.10
Maryland	203	255	1.26
Massachusetts	235	277	1.18
Michigan	923	1,253	1.36
Minnesota	116	162	1.40
Mississippi	131	151	1.15
Missouri	257	319	1.24
Montana	20	26	1.30
Nebraska	107	160	1.50
Nevada	65	78	1.20
New Hampshire	19	22	1.16
New Jersey	356	484	1.36
New Mexico	51	55	1.08
New York	847	973	1.15
North Carolina	100	110	1.10
North Dakota	13	17	1.31
Ohio	264	288	1.09
Oklahoma	75	96	1.28
Oregon	116	141	1.22
Pennsylvania	738	989	1.34
Rhode Island	20	28	1.40
South Carolina	109	132	1.21
South Dakota	15	17	1.13
Tennessee	398	479	1.20
Texas	765	918	1.20
Utah	139	175	1.26
Vermont	23	26	1.13
Virginia	580	811	1.40
Washington	356	581	1.63
West Virginia	34	39	1.15
Wisconsin	144	159	1.10
Wyoming	12	14	1.17
Washington, DC	14	16	1.14
Total*	11,882	14,755	1.24

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* The total includes records for U.S. territories and Armed Forces locations overseas. An additional nine reports for eight practitioners are missing data for the State.

**Table G6: Number of Reports for "Other Professionals" by Report Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Licensure Action	Federal Licensure & DEA Action	Government Administrative Action	Exclusion or Debarment Action	Health Plan Contract Termination	Judgment or Conviction	Total
Alabama	43	0	0	52	0	3	98
Alaska	49	0	0	8	0	0	57
Arizona	100	0	34	101	1	2	238
Arkansas	14	0	1	67	0	6	88
California	692	1	0	854	14	55	1616
Colorado	242	0	0	77	0	6	325
Connecticut	194	0	0	51	0	17	262
Delaware	2	0	0	14	1	6	23
Florida	246	0	0	536	0	236	1018
Georgia	27	0	1	228	0	20	276
Hawaii	33	0	0	13	0	0	46
Idaho	3	0	0	21	0	2	26
Illinois	406	0	0	286	0	47	739
Indiana	61	0	0	34	0	5	100
Iowa	70	0	0	38	0	5	113
Kansas	30	0	0	55	0	13	98
Kentucky	108	0	0	56	0	20	184
Louisiana	19	0	0	79	0	13	111
Maine	34	0	0	40	0	5	79
Maryland	150	0	0	64	1	40	255
Massachusetts	168	0	0	101	0	8	277
Michigan	995	0	2	200	25	32	1254
Minnesota	89	0	0	68	0	5	162
Mississippi	94	0	0	56	0	1	151
Missouri	215	0	1	78	2	23	319
Montana	9	0	0	11	0	6	26
Nebraska	148	0	0	11	0	1	160
Nevada	42	0	1	30	1	5	79
New Hampshire	5	0	0	15	0	2	22
New Jersey	238	0	0	226	0	22	486
New Mexico	29	0	0	27	0	0	56
New York	451	0	0	471	1	70	993
North Carolina	43	0	0	66	0	1	110
North Dakota	8	0	0	8	0	1	17
Ohio	105	0	0	155	0	28	288
Oklahoma	49	0	0	45	0	4	98
Oregon	70	0	0	71	0	1	142
Pennsylvania	558	0	1	371	3	57	990
Rhode Island	0	0	0	22	0	6	28
South Carolina	49	0	0	47	0	36	132
South Dakota	6	0	0	10	0	1	17
Tennessee	350	0	0	81	4	45	480
Texas	493	0	34	348	3	59	937
Utah	144	0	0	29	1	1	175
Vermont	9	0	1	15	0	1	26
Virginia	691	0	0	99	3	18	811
Washington	462	1	2	109	1	13	588
West Virginia	7	0	0	24	0	8	39
Wisconsin	92	0	0	63	0	4	159
Wyoming	12	0	0	2	0	0	14
Washington DC	0	0	0	10	0	6	16
Total*	8,154	2	78	5,561	61	981	14,837

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports for actions taken prior to 1999 and 2000.

* The total includes records for U.S. territories and Armed Forces locations overseas. An additional 9 reports are missing data for State.

**Table H1: Active Entities Which Have Reported at Least Once to the HIPDB or the NPDB
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Entity Type	Currently Active HIPDB Reporters as of December 31, 2000		HIPDB Reporters Who Have Ever Reported		Currently Active NPDB Reporters as of December 31, 2000		NPDB Reporters Who Have Ever Reported	
	Number of Active Reporting Entities	Number of HIPDB Reports Submitted	Number of Active Reporting Entities	Number of HIPDB Reports Submitted	Number of Active Reporting Entities	Number of NPDB Reports Submitted	Number of Active Reporting Entities	Number of NPDB Reports Submitted
Malpractice Payers	0	0	0	0	295	160,842	694	186,427
Licensing Agencies	289	62,895	300	63,196	103	36,190	131	37,664
Government Hospitals	2	2	2	2	2,599	9,828	2,936	10,875
Other Health Care Entities and Services	2	3	2	3	165	1,645	231	2,150
Health Plans and Insurance Companies	52	543	52	543	232	1,616	319	1,890
Government Health Care Program Administration	25	1,696	25	1,696	2	6	2	6
Peer Review, Accreditation, Survey & Certification Agencies	4	862	4	862	0	0	0	0
Professional Societies	0	0	0	0	9	298	22	352
Law Enforcement Agencies	2	843	2	843	2	4	2	4
DHHS Exclusions	1	16,410	1	16,410	1	24,222	1	24,222
DEA	1	295	1	295	1	294	1	294
Total*	378	83,549	389	83,850	3,409	234,945	4,339	263,884

* The total excludes 181 reports submitted to the NPDB by entities later changing their registration to "Authorized Agent."

**Table H2: Queries by Type of Querying Entity
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Type of Querying Entity*	Cumulative		
	Number of Querying Entities	Number of Queries	Percent of Queries
Licensing Agencies	64	9,365	1.0%
Hospitals	676	86,679	9.3%
Other Health Care Entities and Services	532	64,855	6.9%
Health Plans and Insurance Companies	965	765,771	82.0%
Government Health Care Program Administration	49	2,756	0.3%
Peer Review, Accreditation, Survey & Certification Agencies	2	3,041	0.3%
Professional Societies	6	1,369	0.1%
Law Enforcement Agencies	26	152	0.0%
Total**	2,320	933,988	100.0%

*Hospitals querying the HIPDB included 237 Federal Hospitals and 439 State Hospitals. Non-Government Hospitals are not allowed to query by law unless they meet the definition of a health plan.

** Total includes 33,296 self queries.

**Table H3: Number and Percent of HIPDB Queries Matched
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

Query Type	Cumulative Number of Queries*
ENTITY QUERIES*	
Total Entity Queries	933,988
Matched Queries	112,892
Percent Matched	12.1%
SELF QUERIES	
Total Self Queries	35,937
Matched Self Queries	3,013
Self-Queries Percent Matched	8.4%
TOTAL QUERIES (ENTITY AND SELF)	969,925
TOTAL MATCHED (ENTITY AND SELF)	115,905
TOTAL PERCENT MATCHED (ENTITY AND SELF)	11.9%

*Cumulatively, all entity queries were made in the year 2000. Self queries were allowed beginning in 1999.

TABLE I1: Number and Percent for Requests for Secretarial Review, by Report Type and Outcome Type (Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)

Outcome Type	State Licensure Action*		Government Administrative Action		Judgment or Conviction		Total Reports	
	Number of Requests	Percent of Resolved Requests	Number of Requests	Percent of Resolved Requests	Number of Requests	Percent of Resolved Requests	Number of Requests	Percent of Resolved Requests
Closed Through Intervening Action	7	12.28%	1	8.33%	0	0.00%	8	11.27%
Determination in Favor of Entity	3	5.26%	2	16.67%	1	50.00%	6	8.45%
Determination in Favor of Practitioner or Organization	1	1.75%	1	8.33%	0	0.00%	2	2.82%
Outside Scope of Review	12	21.05%	1	8.33%	0	0.00%	13	18.31%
Practitioner Did Not Pursue Review/Administration Closed	1	1.75%	0	0.00%	0	0.00%	1	1.41%
Unresolved	33	57.89%	7	58.33%	1	50.00%	41	57.75%
Total*	57	100.00%	12	100.00%	2	100.00%	71	100.00%

This table includes only disclosable reports in the HIPDB as of December 31, 2000. All reports to the HIPDB were submitted by entities in 1999 and 2000, including all retroactive reports prior to 1999 and 2000.

* State Licensure Actions include actions reported under the Legacy and the Consolidated Adverse Action Report (CAAR) formats.

**Table J1: Comparison of the Percentage of Reports by Practitioner Type by State
(Healthcare Integrity and Protection Data Bank, Cumulative Through December 31, 2000)**

State	Physicians		Dentists		RNs		LPNs/Nurses Aides		Total Practitioner Reports
	Number of Reports	Percent of State Reports	Number of Reports	Percent of State Reports	Number of Reports	Percent of State Reports	Number of Reports	Percent of State Reports	
Alabama	264	11.5%	54	2.4%	856	37.4%	974	42.6%	2,289
Alaska	66	27.3%	22	9.1%	45	18.6%	48	19.8%	242
Arizona	457	14.7%	247	7.9%	1,626	52.3%	497	16.0%	3,107
Arkansas	138	8.4%	11	0.7%	541	32.9%	768	46.8%	1,642
California	2,573	36.9%	434	6.2%	839	12.0%	1,344	19.3%	6,976
Colorado	381	20.3%	224	11.9%	507	27.0%	402	21.4%	1,880
Connecticut	263	18.0%	109	7.5%	373	25.6%	425	29.1%	1,458
Delaware	20	10.3%	3	1.5%	69	35.4%	70	35.9%	195
Florida	902	37.6%	267	11.1%	2	0.1%	136	5.7%	2,402
Georgia	473	21.2%	93	4.2%	1,188	53.4%	189	8.5%	2,226
Hawaii	54	38.0%	11	7.7%	23	16.2%	5	3.5%	142
Idaho	54	30.0%	10	5.6%	30	16.7%	44	24.4%	180
Illinois	582	22.7%	240	9.3%	479	18.7%	518	20.2%	2,568
Indiana	97	21.2%	34	7.4%	9	2.0%	193	42.2%	457
Iowa	261	25.0%	73	7.0%	274	26.2%	282	27.0%	1,044
Kansas	140	27.6%	27	5.3%	150	29.5%	86	16.9%	508
Kentucky	317	15.1%	56	2.7%	894	42.5%	642	30.5%	2,106
Louisiana	222	8.4%	75	2.8%	1,638	62.1%	475	18.0%	2,638
Maine	97	24.9%	21	5.4%	101	25.9%	71	18.2%	390
Maryland	488	39.8%	142	11.6%	168	13.7%	127	10.4%	1,226
Massachusetts	351	25.7%	152	11.1%	245	18.0%	313	22.9%	1,364
Michigan	980	23.4%	342	8.2%	1,077	25.7%	483	11.5%	4,192
Minnesota	222	12.7%	122	7.0%	571	32.7%	646	37.0%	1,745
Mississippi	244	12.4%	45	2.3%	687	35.0%	755	38.4%	1,964
Missouri	338	26.4%	68	5.3%	310	24.2%	234	18.3%	1,281
Montana	40	18.9%	3	1.4%	86	40.6%	56	26.4%	212
Nebraska	48	13.3%	22	6.1%	67	18.5%	54	14.9%	362
Nevada	92	12.6%	24	3.3%	286	39.1%	242	33.1%	732
New Hampshire	69	11.9%	5	0.9%	202	34.7%	270	46.4%	582
New Jersey	663	41.2%	128	8.0%	220	13.7%	105	6.5%	1,610
New Mexico	49	11.5%	17	4.0%	183	43.1%	85	20.0%	425
New York	2,126	44.7%	271	5.7%	511	10.7%	731	15.4%	4,755
North Carolina	258	13.2%	88	4.5%	941	48.2%	527	27.0%	1,952
North Dakota	99	28.9%	0	0.0%	108	31.5%	113	32.9%	343
Ohio	865	37.8%	404	17.7%	380	16.6%	334	14.6%	2,288
Oklahoma	270	17.1%	57	3.6%	447	28.3%	607	38.4%	1,581
Oregon	214	21.4%	133	13.3%	145	14.5%	350	35.0%	999
Pennsylvania	931	29.6%	260	8.3%	460	14.6%	465	14.8%	3,144
Rhode Island	74	21.2%	5	1.4%	88	25.2%	114	32.7%	349
South Carolina	254	17.1%	53	3.6%	721	48.5%	287	19.3%	1,487
South Dakota	17	6.6%	1	0.4%	131	50.8%	83	32.2%	258
Tennessee	240	12.7%	91	4.8%	490	25.9%	556	29.4%	1,890
Texas	1,014	13.8%	159	2.2%	3,176	43.1%	1,837	25.0%	7,361
Utah	110	14.9%	29	3.9%	121	16.4%	290	39.3%	738
Vermont	66	26.2%	2	0.8%	25	9.9%	123	48.8%	252
Virginia	550	16.7%	202	6.1%	401	12.2%	1,309	39.8%	3,286
Washington	370	16.5%	46	2.0%	505	22.5%	699	31.1%	2,248
West Virginia	199	25.7%	7	0.9%	279	36.0%	246	31.7%	775
Wisconsin	131	22.5%	62	10.6%	136	23.3%	78	13.4%	583
Wyoming	40	23.4%	2	1.2%	89	52.0%	23	13.5%	171
Washington, DC	58	58.6%	19	19.2%	0	0.0%	3	3.0%	99
Total*	18,863	22.8%	4,984	6.0%	22,900	27.7%	19,315	23.3%	82,783

* Total includes reports for Puerto Rico and non-US areas.

** Total Practitioner Reports includes all individuals in the HIPDB with reports.

**Table J2: Number of Reports for Individuals and Professional Types per 100,000 People by State
(Healthcare Integrity Protection Data Bank, Cumulative Through December 31, 2000)**

State	State Populations**	Number of Individual Reports per 100,000 People	Number of Physician Reports per 100,000 People	Number of Dentist Reports per 100,000 People	Number of RN Reports per 100,000 People	Number of LPN Reports per 100,000 People	Number of Other Professional Reports per 100,000 People
Alabama	4,447,100	51.5	5.9	1.2	19.2	21.9	2.2
Alaska	626,932	38.6	10.5	3.5	7.2	7.7	9.1
Arizona	5,130,632	60.6	8.9	4.8	31.7	9.7	4.5
Arkansas	2,673,400	61.4	5.2	0.4	20.2	28.7	3.3
California	33,871,648	20.6	7.6	1.3	2.5	4.0	4.8
Colorado	4,301,261	43.7	8.9	5.2	11.8	9.3	7.5
Connecticut	3,405,565	42.8	7.7	3.2	11.0	12.5	7.7
Delaware	783,600	24.9	2.6	0.4	8.8	8.9	2.9
Florida	15,892,378	15.1	5.7	1.7	0.0	0.9	6.4
Georgia	8,186,453	27.2	5.8	1.1	14.5	2.3	3.3
Hawaii	1,211,537	11.7	4.5	0.9	1.9	0.4	3.8
Idaho	1,293,953	13.9	4.2	0.8	2.3	3.4	2.0
Illinois	12,419,293	20.7	4.7	1.9	3.9	4.2	5.9
Indiana	6,080,485	7.5	1.6	0.6	0.1	3.2	1.6
Iowa	2,926,324	35.7	8.9	2.5	9.4	9.6	3.9
Kansas	2,688,418	18.9	5.2	1.0	5.6	3.2	3.6
Kentucky	4,041,769	52.1	7.8	1.4	22.1	15.9	4.6
Louisiana	4,468,976	59.0	5.0	1.7	36.7	10.6	2.4
Maine	1,274,923	30.6	7.6	1.6	7.9	5.6	6.2
Maryland	5,296,486	23.1	9.2	2.7	3.2	2.4	4.8
Massachusetts	6,349,097	21.5	5.5	2.4	3.9	4.9	4.4
Michigan	9,938,444	42.2	9.9	3.4	10.8	4.9	12.6
Minnesota	4,919,479	35.5	4.5	2.5	11.6	13.1	3.3
Mississippi	2,844,658	69.0	8.6	1.6	24.2	26.5	5.3
Missouri	5,595,211	22.9	6.0	1.2	5.5	4.2	5.7
Montana	902,195	23.5	4.4	0.3	9.5	6.2	2.9
Nebraska	1,711,263	21.2	2.8	1.3	3.9	3.2	9.3
Nevada	1,998,257	36.6	4.6	1.2	14.3	12.1	3.9
New Hampshire	1,235,786	47.1	5.6	0.4	16.3	21.8	1.8
New Jersey	8,414,350	19.1	7.9	1.5	2.6	1.2	5.8
New Mexico	1,819,046	23.4	2.7	0.9	10.1	4.7	3.0
New York	18,976,457	25.1	11.2	1.4	2.7	3.9	5.1
North Carolina	8,049,313	24.3	3.2	1.1	11.7	6.5	1.4
North Dakota	642,200	53.4	15.4	0.0	16.8	17.6	2.6
Ohio	11,353,140	20.2	7.6	3.6	3.3	2.9	2.5
Oklahoma	3,450,654	45.8	7.8	1.7	13.0	17.6	2.8
Oregon	3,421,399	29.2	6.3	3.9	4.2	10.2	4.1
Pennsylvania	12,281,054	25.6	7.6	2.1	3.7	3.8	8.1
Rhode Island	1,048,319	33.3	7.1	0.5	8.4	10.9	2.7
South Carolina	4,012,012	37.1	6.3	1.3	18.0	7.2	3.3
South Dakota	754,844	34.2	2.3	0.1	17.4	11.0	2.3
Tennessee	5,689,283	33.2	4.2	1.6	8.6	9.8	8.4
Texas	20,851,820	35.3	4.9	0.8	15.2	8.8	4.4
Utah	2,233,169	33.0	4.9	1.3	5.4	13.0	7.8
Vermont	608,827	41.4	10.8	0.3	4.1	20.2	4.3
Virginia	7,078,515	46.4	7.8	2.9	5.7	18.5	11.5
Washington	5,894,675	38.1	6.3	0.8	8.6	11.9	9.9
West Virginia	1,808,344	42.9	11.0	0.4	15.4	13.6	2.2
Wisconsin	5,363,675	10.9	2.4	1.2	2.5	1.5	3.0
Wyoming	493,782	34.6	8.1	0.4	18.0	4.7	2.8
Washington, DC	572,059	17.3	10.1	3.3	0.0	0.5	2.8
Total*	281,332,460	29.4	6.7	1.8	8.1	6.9	5.2

This table includes only disclosable reports in the HIPDB as of December 31, 2000.

* The total includes reports for U.S. territories and Armed Forces locations overseas. An additional 29 reports for individuals are missing data for the State that took the action.

** U.S. Department of Commerce, U.S. Census Bureau (Internet Release date: December 28, 2000) Table 5: Resident Population of the 50 States, the District of Columbia, and Puerto Rico; April 1, 2000 (Census 2000)