**National Practitioner Data Bank(NPDB)**

**Brief Description: -**

* The National Practitioner Data Bank is a United States Government program was established under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, and is expanded by Section 1921, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987.
* It collects and discloses, only to authorized users, negative information on health care practitioners, including malpractice awards, loss of license or exclusion from participation in Medicare or Medicaid.
* The Data Bank was created by Congress with the primary goals of improving health care quality, protecting the public and reducing health care fraud and abuse.
* Congress passed a Section 1128E, HIPDB (Healthcare Integrity and Protection Data Bank) was established
* The HIPDB was a national bank that received and disclosed certain final adverse actions by Federal, state agencies and health plans against health care practitioners, providers and suppliers. The information are related to criminal convictions and civil judgements
* On May 6, 2013 NPDB and the HIPDB were consolidated to avoid duplication

**Information provided to Users: -**

* JSON document and it is made up of several data objects.
* Medical malpractice payments.
* Any adverse licensure actions or loss of license
* Adverse clinical privileging actions, or Adverse professional society membership actions
* Any negative action or finding by a State licensing or certification authority
* Private accreditation organization negative actions or findings against a health care practitioner or entity
* Any negative action or finding by a Federal or State licensing and certification agency that is publicly available information
* Civil judgments or criminal convictions that are health care-related
* Exclusions from Federal or State health care programs
* Other adjudicated actions or decisions (formal or official actions, involving a due process mechanism and based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service)

**Information Access: -**

* Access to the information is limited, and is not available to the general public.
* It is provided to hospitals, other health care entities, professional societies, state and federal licensing and certification authorities (including Medical and Dental Boards), and agencies or contractors administering Federal or State health care programs.
* In addition, individual healthcare providers can obtain access to their own records.
* This information is also in some cases available to those who may be suing them.
* Researchers may also obtain statistical data, but not data on individuals.
* An eligible entity receiving information from the NPDB may disclose the information to others who are part of the same investigation or peer review process, as long as the information is used for the purpose for which it was provided.

**Data Bank Security: -**

As previously stated, information reported to the Data Bank is confidential. Safeguarding that confidential information includes proper and secure retrieval, handling, and disposal of the information. Taking the following actions helps to ensure Data Bank security.

* Every registered health care organization must have a unique Data Bank Identification number (DBID) and password. All individual users within the organization must also use the organization DBID and have their own user ID and password. To learn more, see [Manage User IDs and Passwords.](http://npdb-hipdb.com/healthcare-organisations/management-tools/manage-user-ids-and-passwords/)
* Sign out of the Data Bank after each session to keep unauthorized personnel from gaining access to you or your organization’s sensitive information.
* After signing in to the Data Bank, verify the date and time when last accessed. If incorrect, change your password immediately, call the Customer Service Centre (800-767-6732), and notify your organization’s Data Bank Administrator.
* Do not share confidential Data Bank documents with anyone not authorized to see them. Also, handle the reports properly – do not leave them in plain sight at the office. Securely store and file the documents.
* Refer to [About Management Tools](http://npdb-hipdb.com/healthcare-organisations/management-tools/) for more details on Data Bank Administrator and user accounts.

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| **NPDB Data Source: -** | |
| * Medical malpractice payers * State health care practitioner licensing and certification authorities (including medical and dental boards) * Hospitals * Other health care entities with formal peer review (HMOs, group practices, managed care organizations) * Professional societies with formal peer review * State entity licensing and certification authorities * Peer review organizations * Private accreditation organizations * Federal and State Government agencies * Health plans |  |

**NPDB and HIPDB Data Bank Merger Highlights: -**

* Reports that are currently stored in both the NPDB and HIPDB will remain, but will reside in the NPDB only
* There will be no need to re-register with the Data Bank, registration flagging systems will be automatically re-aligned
* The authority for certain reportable actions has changed, but no user action is required
* If you query both the NPDB and the HIPDB, after the merger you will only need to query the NPDB

**Applicable federal law for the NPDB includes: -**

* Title IV of Public Law 99-660
* Section 1921 of the Social Security Act
* Section 1128E of the Social Security Act

**FAQ: -**

* https://www.npdb.hrsa.gov/