

HEALTHCARE INTEGRITY AND PROTECTION DATA BANK

NOTE: The U.S. Department of Health and Human Services is in the process of merging the Healthcare Integrity and Protections Data Bank (HIPDB) into the National Practitioner Data Bank (NPDB). The first stage of rulemaking to accomplish this was published on February 15, 2012, in the Federal Register. The date of adoption of final rules is not known as of December, 2012. This chapter and the chapter on the NPDB will be updated accordingly when the final rules merging the two databases become effective.

What is the Healthcare Integrity and Protection Data Bank (HIPDB)?

The HIPDB is a national health care fraud and abuse data collection program for the reporting, disclosing, and maintaining of a data base of final adverse actions taken against health care providers, suppliers, and practitioners. The HIPDB was created in 1996 by the Office of the Inspector General pursuant to directions contained in the Health Insurance Portability and Accountability Act (HIPAA).

What final adverse actions must be reported to the HIPDB?

The following final adverse actions must be reported to the HIPDB:¹

- Civil judgments against a health care provider, supplier, or practitioner in federal or state court related to the delivery of a health care item or service.
- Federal or state criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service.
- Actions by federal agencies responsible for the licensing or certification of health care providers, suppliers, or practitioners, including:
 - Formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation.
 - Any dismissal or closure of the proceeding by reason of the provider, supplier, or practitioner surrendering their license or leaving the State or jurisdiction.
 - Any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether required by law, voluntary surrender, or non-renewability. Or,
 - Any other negative action or finding by a Federal agency that is publically available information.

¹ 42 U.S.C. § 1320a-7e(g)(1)(A).

- Exclusion of a health care provider, supplier, or practitioner from participation in any federal or state health care program
- Any other adjudicated actions or decisions that may be established by regulation.

Settlements in which no finding or admission of liability has been made are excluded from the HIPDB reporting requirements.² Also excluded are administrative fines or citations, corrective action plans and other personnel actions, unless they are:³

- Connected to the billing, provision or delivery of health care services, and
- Taken in conjunction with other licensure or certification actions such as revocation, suspension, censure, reprimand, probation, or surrender.

Who must make reports to the HIPDB?

The following persons or entities are required to report to the HIPDB final adverse actions taken against health care providers, suppliers or practitioners:

- State and federal licensing and certification agencies.⁴
- State and federal attorneys and health plans must report civil judgments against health care providers, suppliers, and practitioners related to the delivery of a health care item or service.⁵
- State Medicaid fraud control units.⁶
- State and federal prosecutors, must report criminal convictions against health care providers, suppliers, and practitioners related to the delivery of a health care item or service.⁷
- Any other federal agencies that administer or provide payment for health care.⁸

How do physicians learn that reports against them have been submitted to the HIPDB?

The HIPDB will routinely mail or transmit electronically a copy of a filed report to the subject of the report.⁹

² 42 U.S.C. § 1320a-7e(c)(1).

³ 45 C.F.R. § 61.3.

⁴ 42 U.S.C. § 1320a-7e(g)(3); 45 C.F.R. § 61.7(a).

⁵ 45 C.F.R. § 61.9(a).

⁶ 45 C.F.R. § 61.10, 61.3.

⁷ 45 C.F.R. § 61.8(a).

⁸ 42 U.S.C. § 1320a-7e(g)(3).

⁹ 45 C.F.R. § 61.15(a).

Can a physician dispute a report filed with the HIPDB?

Yes. Upon receipt of a report, the subject of the report may either:¹⁰

- Accept the report as written.
- Provide a statement to the HIPDB that will be permanently appended to the report and that may be changed only by the subject of the report.
- Follow the dispute process established by regulation.

What is the process for disputing a HIPDB report?¹¹

To dispute a report, the subject of a report or the subject's designated representative must request in writing that the HIPDB enter the report into "disputed status." The HIPDB will then send the report with a notation that the report has been placed in "disputed status" to the reporting entity, the subject of the report, and any identifiable queriers.

The subject of the report must attempt to enter into a discussion with the reporting entity to resolve the dispute. If the reporting entity revises the information originally submitted to the HIPDB, the HIPDB will notify the subject and all entities to whom reports have been sent that the original information has been revised. If the reporting entity does not revise the reported information, or does not respond to the subject within 60 days, the subject may request the Secretary of Health and Human Services to review the report for accuracy, and may also provide a statement to the HIPDB that will be permanently appended to the report. The Secretary will decide whether to correct the report within 30 days of the request.

If the subject of report wishes to request the Secretary to review the accuracy or reportability of the information in the report, the subject must make the request in writing and attach any appropriate materials that support the subject's position. The Secretary will only review the accuracy and reportability of the reported information, not the merits or appropriateness of the action taken or the due process the subject received.

Upon completion of the review, the Secretary may either:

- Conclude that the information is accurate and reportable to the HIPDB.
- Conclude that the information in the report is inaccurate and direct the HIPDB or reporting entity to correct the report.
- Determine that the disputed issues fall outside the scope of the Secretary's review.
- Determine that the adverse action was not reportable and void the report.

¹⁰ 45 C.F.R. § 61.6(d).

¹¹ 45 C.F.R. § 61.15.

Except where the Secretary concludes that the information is inaccurate and directs that the report be corrected, the Secretary will include a brief statement with the report describing the findings made. Once the Secretary has made a determination, the report will be removed from “disputed status,” and the corrected report, or the report and the statement by the Secretary, or the notice that the report has been voided, whichever is applicable, will be distributed to the reporting entity, the subject of the report, and any identifiable queriers.

Who may query the HIPDB for information concerning a physician?

Information reported to the HIPDB is confidential, and must be provided and used in a manner that protects the confidentiality of the information. Persons and organizations receiving information from the HIPDB must use it solely for the purpose for which it was disclosed.¹² HIPDB information may be requested for privileging and employment, professional review, licensing, certification or registration, fraud and abuse investigation, certification to participate in a government program, or civil and administrative sanctions. The HIPDB may not be queried by attorneys.¹³ The following persons or entities, or their authorized agents, may query the HIPDB for information about a physician:¹⁴

- Federal and state governmental agencies.
- Health plans.
- A physician requesting information concerning himself or herself.
- A person or entity requesting statistical information which does not permit identification of any individual or entity.

¹² 45 C.F.R. § 61.14.

¹³ See: <http://www.npdb-hipdb.hrsa.gov/pract/informationForAttorneys.jsp>.

¹⁴ 45 C.F.R. § 61.12(a).