

NPDB and HIPDB Soon to Merge: Q&A

The National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) will soon merge into one Data Bank. This merge will improve the Data Bank and its service to users. You may have questions about the process, which is why we developed the questions and answers below to help answer merge-related questions. For specific questions not answered, please contact the Customer Service Center by phone at 1-800-767-6732 or email at help@npdb-hipdb.hrsa.gov.



Q. Why are the NPDB and HIPDB merging?

A. Section 6403 of the Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, requires the elimination of duplication between the HIPDB and the NPDB. Section 6403 is also intended to streamline Data Bank operations.

Q. When was the Notice of Proposed Rule Making (NPRM) published? (An NPRM is a public notice issued by law when the government wishes to add, remove, or change a rule or regulation as part of the rulemaking process).

A. On February 15, 2012, the Health Resources and Services Administration (HRSA) published the NPRM in the Federal Register to implement Section 6403. HRSA received 11 comments by April 16, 2012, the end of the public comment period. HRSA reviewed those comments, which will be addressed in the Final Rule.

Q. Will reporting requirements remain the same as before?

A. Yes. The three primary statutes (Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, which established the NPDB; Section 1921 of the Social Security Act, which expanded the NPDB; and Section 1128E of the Social Security Act added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, which established the HIPDB) remain in effect, and the ACA simply combines them into one system. The reporting requirements will remain essentially the same.

Q. What will happen to the HIPDB?

A. The ACA requires the Secretary of Health and Human Services to establish a transition period to transfer all data in the HIPDB to the NPDB and, once completed, to cease HIPDB operations. Information previously collected and disclosed through the HIPDB will now be collected and disclosed through the NPDB.

Q. When will the NPDB-HIPDB merge?

A. The date is unknown at this time; however, it is expected to take place in 2013 after the publication of the Final Rule. When the merge happens, announcements will be sent out and an effective date provided.

Q. Will there be any disruption to Data Bank service?

A. No. The merging of the NPDB and HIPDB will be seamless. During the transition, reporting and querying will be maintained.

Q. Will reporting to and querying the Data Bank remain the same?

A. There will be no change in processes; you will still access the Data Bank system the same way, and the system will guide you through reporting to and querying the Data Bank, based on your registered statutory authorities.

Q. Will the fees change?

A. Under the law, the Data Bank must cover the full cost of operations through the collection of query fees. Currently, we are evaluating the fees for One-Time Query (\$4.75) and Continuous Query (\$3.25 per year) to determine if changes are necessary. Any changes to the fees will be announced in the Federal Register and posted on the Data Bank website. However, when the merge takes place those who currently query both NPDB and HIPDB will see an immediate reduction because there will be only one Data Bank.

Q. Will there be additional guidance to explain the final regulations?

A. Yes. The Division of Practitioner Data Banks is consolidating and revising the NPDB and HIPDB Guidebooks into one that will reflect the changes mandated by Section 6403 and the Final Rule.

Q. Where can users find more information about the merge?

A. Shortly before the merge is to take place, the Data Bank will provide fact sheets, help pages, and other guidance that can be accessed via the Data Bank website. Users will be able to contact the Data Bank Customer Service Center with questions at 1-800-767-6732.

How Does the Dispute Process Work?

The Data Bank strives to maintain accurate information that meets [legal requirements](#). As a reporting entity, you have certain responsibilities regarding the accuracy and submission of reports in accordance with the Data Bank requirements. If practitioners or health care organizations (subjects of reports) believe that a Data Bank report filed on them is inaccurate, or was not filed in accordance with the Data Bank requirements, they may add a subject statement or enter the report into dispute status. A subject statement allows practitioners or healthcare organizations the opportunity to explain their point of view of the event. The statement may be up to 4,000 characters and becomes a part of the report. A subject statement may be added, edited, or removed at any time. Sometimes, just reminding the subject of a report that a statement can be added to the report resolves the subject's concerns.



Let's Look at the Process

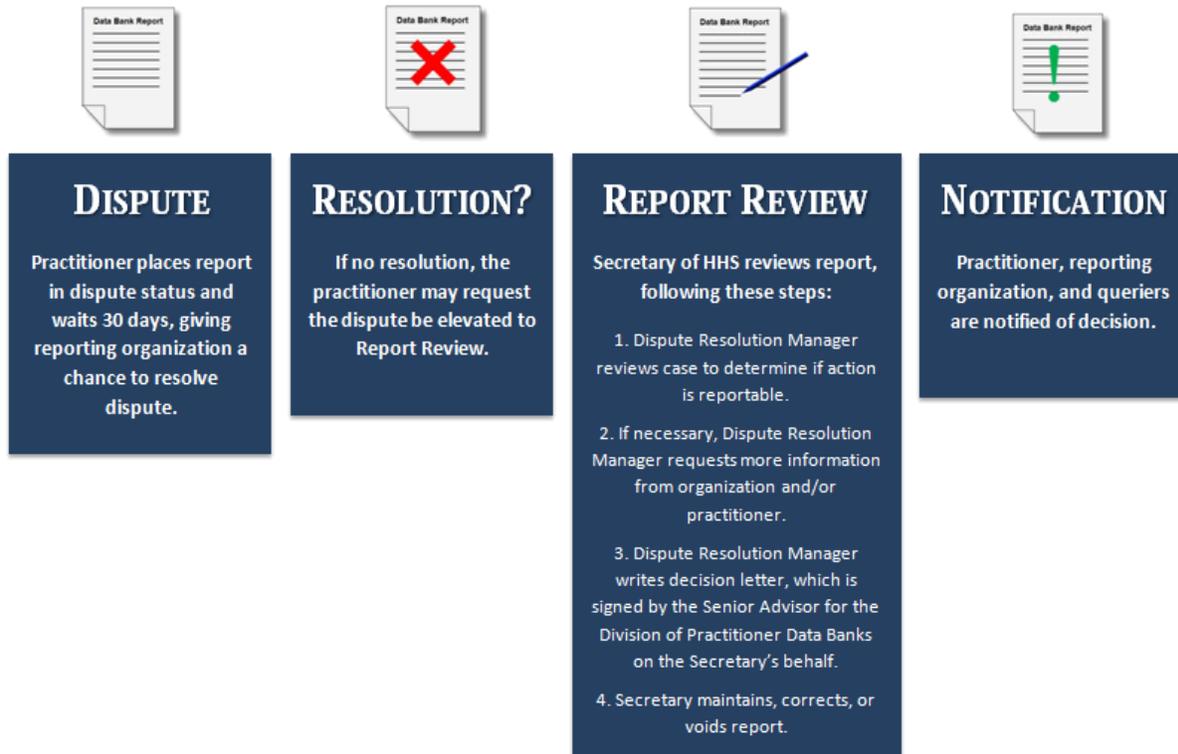
Once a report is received at the Data Bank, the subject of the report is notified via regular mail and gains access to the report by logging into the Report Response Service of the Data Bank. A subject may disagree with the report information and contact the reporter to request corrections or changes to the report, but the reporter ultimately decides whether the correction is made or not. If the request is a simple correction, such as correcting an address or telephone number, the reporter may issue a Correction Report and the subject's concern may be resolved.

Dispute Status: Responsibilities of Report Subject and Reporter

The subject of a report may also enter the report into [dispute status](#) if the subject disagrees with the report information or whether the report was filed in accordance with Data Bank reporting requirements. Entering the report into dispute status results in a disputed status notation on the report, but no further action is taken unless the subject of the report decides to request the matter be elevated to Report Review status. If the subject of the report decides to elevate the matter to Report Review after entering the report into dispute status, the subject must contact the reporting entity to attempt to resolve the issue and wait 30 days for the reporting entity to respond either by correcting or voiding the report, or leaving the report as it is.

Elevate Report to Report Review

After 30 days, if the subject of the report is not satisfied with the reporting entity's response, the subject may request that the Secretary of Health and Human Services review the report. The Secretary of Health and Human Services has delegated to the Health Resources and Services Administration, Division of Practitioner Data Banks, a process referred to as [Report Review](#).



The diagram above shows the dispute process. Click the image for a link to a text description on the Data Bank website.

Subjects of reports are required to state clearly and briefly, in writing, which facts are in dispute and the facts as they understand them. The subject of the report also must submit documentation (not to exceed 10 pages) that directly relates to the facts in dispute, clarifies the issues in dispute, and substantiates the claims made in the subject's statement. Finally, the subject must submit proof of an unsuccessful attempt to resolve the issue with the reporting entity (e.g., a copy of an email or letter sent to the reporting entity and the response, if any).

Results of a Report Review

Once a report is elevated to [Report Review](#), the following steps occur:

1. A Dispute Resolution Manager reviews the report to ensure that the report was filed in accordance with Data Bank reporting requirements.
2. The Dispute Resolution Manager may request additional information from the subject of the report and/or the reporting entity.
3. After reviewing all of the information, the Dispute Resolution Manager writes a decision letter, which is signed by the Division of Practitioner Data Banks Senior Advisor on the Secretary's behalf.



There are three possible outcomes from a Report Review:

- The report remains in the Data Bank.
- The report is corrected and remains in the Data Bank.
- The report is voided and is no longer in the Data Bank.

If you have additional questions, please contact the [Data Bank](#).