

# NPDB

NATIONAL PRACTITIONER DATA BANK

## Medicaid Fraud Control Units: Reporting to the National Practitioner Data Bank

### Q: What is the NPDB?

**A:** The National Practitioner Data Bank (NPDB) is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States.

The NPDB contains reports related to medical malpractice payments and certain adverse actions taken against health care practitioners, health care entities, providers, and suppliers, which are submitted as mandated by law by certain eligible entities.

The NPDB collects and shares information with authorized users, including eligible entities (such as hospitals, health plans, and State Licensing Boards), that contributes to the comprehensive and continuous review of practitioners' professional credentials. Organizations use NPDB information along with data from other sources when considering a practitioner for clinical privileges, employment, affiliation, licensure, or certification.

### Q: Why do Medicaid Fraud Control Units (MFCUs) report to the NPDB?

**A:** As a state law and fraud enforcement agency, MFCUs are legally required to report certain actions to the NPDB. Additionally, performance standard 8.G for MFCUs state that MFCUs will report “qualifying cases to the Healthcare Integrity & Protection Databank [HIPDB], the National Practitioner Data Bank [NPDB], or successor data bases.” Please see the [Federal Register notice published on June 1, 2012 \(77 FR 32648\)](#).

### Q: What should MFCUs report to the NPDB?

**A:** MFCUs primarily report judgments and convictions taken against health care providers, suppliers, and practitioners related to the delivery of health care services. These actions are reportable regardless of whether the subject of the judgment or conviction is pending appeal. The [regulations governing the NPDB](#) require that the following types of judgments, convictions, and other adjudicated actions be reported:

- 45 CFR §60.13 Reporting Federal or state criminal convictions related to the delivery of a health care item or service.
- 45 CFR §60.14 Reporting civil judgments related to the delivery of a health care item or service.
- 45 CFR §60.16 Reporting other adjudicated actions or decisions.

Other adjudicated actions are defined at 45 CFR §60.3 as formal or official final actions that

- include the availability of a due process mechanism; and
- are based on acts or omissions that affect or could affect the delivery of a health care item or service.

### Q: Who else reports to the NPDB?

**A:** The regulations governing the NPDB mandate that certain entities report specific adverse actions taken against doctors, dentists, and other health professionals. Examples of those entities required by law to report to the NPDB include medical malpractice payers, hospitals, State Licensing Boards, governmental agencies, professional societies, and private accreditation organizations.

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State Medicaid agencies are required to report program exclusions and debarments, but are not limited to reporting exclusions. State Medicaid agencies may also report adverse administrative actions.

## **Q: Who has access to the NPDB?**

**A:** The same regulations that define reporting entities allow certain entities the ability to query the NPDB for specific information. Information in the NPDB is confidential and is only disclosed, as specified by law, to certain eligible entities engaged in the provision of health care services or the granting of professional licenses, certifications or clinical privileges. Information in the NPDB is not available to the public but is available to assist hospitals, health plans, and medical boards in hiring, credentialing, and licensing decisions.

Not all entities required to report are entitled to query. For instance, private accreditation organizations are required by law to report negative actions taken against health care practitioners and entities; however, they are not authorized to query.

## **Q: Why did the Data Bank merger occur?**

**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. As of May 6, 2013, there is only one data bank, the NPDB; however, all of the information that was previously housed in the two data banks is still available in the NPDB.

## **Q: Are MFCU reporting requirements the same as they were prior to the merger?**

**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 Affordable Care Act simply combines them into one system. The reporting requirements remain effectively the same.

## **Q: What happened to the HIPDB?**

**A:** The Affordable Care Act required 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: What is the difference between voiding a report and revising a report? When would it be appropriate to do either? How long does a reported entity stay in the NPDB if not voided?**

**A:** A voided report is the retraction of a report in its entirety. An example of a void is the reversal of a professional review action. The report is removed permanently from the NPDB and future queries on that subject will not disclose any reports that have been voided.

A revision-to-action report relates to and/or modifies an adverse action previously reported to the Data Bank. It is treated as a second and separate action in the NPDB, but does not negate the original action that was taken. Examples of when a revision should be submitted are when additional sanctions have

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been taken, when a probationary period has ended, or when privileges or program participation has been reinstated.

In addition to voided and revision-to-action reports, a correction report may be submitted. A correction report corrects an error or omission in a previously-submitted report by replacing the current version of the report.

Unless voided, all reports (including revised and corrected reports) stay in the Data Bank permanently.

**Q: Are actions taken against non-health care practitioners reportable?**

**A:** Non-health care practitioners or providers -- for instance, the administrative or maintenance staff at a medical facility -- may be considered health care suppliers. The regulations define a health care supplier as "...any individual or entity, other than a provider, who furnishes, whether directly or indirectly, or provides access to, health care services, supplies, items or ancillary services..." Therefore, a non-health care practitioner may be considered a health care supplier if he or she furnishes services related to the delivery of health care. A conviction or judgment against this supplier would be reportable if it relates to the delivery of health care services.

**Q: Where can users find more information about reporting requirements?**

**A:** For more information on the NPDB, including links to the regulations and Guidebook, please visit <http://www.npdb.hrsa.gov>.

**NPDB Assistance**

For additional information or assistance, please contact the NPDB Customer Service Center at:

**1-800-767-6732**

**Outside the U.S.: 1-703-802-9380**

**TT/TDD: 1-703-802-9395**

**Fax: 1-703-803-1964**

**Email:** [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)

**Online:** <http://www.npdb.hrsa.gov>

**Open:** Mon. - Thurs. 8:30 a.m. - 6:00 p.m. ET, Fri. 8:30 a.m. - 5:30 p.m. ET

**Closed:** Federal holidays