The Data Bank – NPDB & HIPDB

With highlights from the National Nursing Database
Data Bank 101 for Nurses:
A Guide to the Data Bank and How it Affects You

Q: What is the Data Bank?
A: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are flagging systems run by the Federal government and collectively referred to as the Data Bank.

The NPDB's information assists State licensing boards, hospitals, and other health care entities in conducting extensive, independent investigations of the qualifications of health care practitioners they seek to license, hire, or grant medical staff membership or clinical privileges. The HIPDB's information identifies health care practitioners, providers, and suppliers involved in acts of health care fraud and abuse.

Section 1921 of the Social Security Act expanded the information that the NPDB collects and discloses on nurses and other practitioners. It enhances NPDB's ability to serve as a valuable pre-employment and pre-licensing resource for health care entities by collecting negative actions taken against all licensed health care practitioners, including nurses (now no longer limited to physicians and dentists) implemented on March 4, 2016. Section 1921 is intended to protect beneficiaries participating in Social Security Act health care programs from unfair health care practitioners and improve the anti-fraud provisions of these programs.

Q: What Nurses are Reportable to the Data Bank?
A: Reportable licensed or certified health care nursing professionals include but are not limited to: Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Registered Nurses, and Licensed Practical and Vocational Nurses.

Q: What is Reportable to the NPDB for Nurses?
A: The NPDB retains adverse actions taken against licensed or certified nursing professionals, including:
- Medical Malpractice Payments
- State Licensure Actions
- Other Negative Actions or Findings by State Licensing Authorities
- Medicare/Medicaid Exclusions
- Drug Enforcement Administration Actions
- Negative Actions or Findings by Peer Review
- Organizations and Private Accreditation
- Organizations May Be Reported
- Clinical Privilege Actions
- Panel Membership Actions
- Professional Society Membership Actions

Q: What is Reportable to the HIPDB for Nurses?
A: The HIPDB retains official actions taken against licensed or certified nursing professionals. The following actions must be reported:
- Health Care Related Criminal Convictions
- Health Care Related Civil Judgments
- Federal or State Licensure and Certification Actions
- Exclusions from participation in Federal and State health care programs
- Any other adjudicated actions

*Please Note: Other final health care related actions or decisions that are taken by a government agency or health plan, which include a due process mechanism and affect or could affect delivery or payment of a health care item or service, are reportable to the HIPDB.
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*Please Note: Other final health care related actions or decisions that are taken by a government agency or health plan, which include a due process mechanism and affect or could affect delivery or payment of a health care item or service, are reportable to the HIPDB.
Q: Who Has Access to Reported Information?
A: State health care licensing authorities, including State Boards of Nursing, may view Data Bank reports submitted against licensed nurses. Additionally, hospitals, nursing homes, and other health care entities with a formal peer review process have access to NPDB-HIPDB reports on nurses, and may use the Data Bank to verify a nurse's background as part of their pre-employment process. Lastly, professional societies with formal peer review have access to NPDB-HIPDB reports concerning licensed nurses.

Q: Does the Public Have Access to Reported Information?
A: No. Data Bank information is confidential and protected by the Privacy Act. The general public cannot query the Data Bank. Researchers and journalists may access de-identified information for statistical purposes only.

Q: What Does It Mean If I Have a Report in the Data Bank?
A: Health care organizations use Data Bank information as part of their licensing, credentialing, privileging, and reviewing processes for health care practitioners. Reports in the Data Bank are not a sole source of information. They should be used as part of an objective and dispassionate review process that uses all available resources to make an informed decision to license, credential, or grant privileges to a practitioner.

Q: How Do I Find Out If There Is a Report on Me in the Data Bank?
A: Whenever the Data Bank receives a new report or a modification to an existing report, the practitioner is sent a notification, along with a copy of the report. A nurse may also query the Data Bank online to verify whether it contains any reports on her or him. This process is called a self-query and can be accessed at Self-Query. Because of the confidentiality of Data Bank information, self-query requests may be started online, but the full application must be printed, notarized and sent to the Data Bank to verify the requestor's identity before the self-query can be completed. Once the self-query is processed, a printable self-query response will be available online. All self-queries are processed through the NPDB and the HIPDB at a cost of $8.00 per Data Bank, for a total charge of $16.00 per completed self-query. One official sealed copy will be mailed to you. You may request additional sealed copies at an additional charge of $16.00 per copy.

Q: May I Add a Statement to a Report and/or Dispute the Report's Accuracy?
A: Yes. You may add a 4,000 character subject statement that informs queries of your side of the story. Once a statement is processed, the Data Bank forwards it to anyone who made a query about you within the previous 3 years. Your statement is included with the report when it is disclosed in the future. Instructions for adding a subject statement are on the document you received notifying you of the report and are also outlined on the Web site Submit a Statement page.

Also, as the subject of a report, you may dispute the report's factual accuracy or whether it was submitted in accordance with the NPDB and/or HIPDB reporting requirements. You must first attempt to resolve the disagreement directly with the reporting organization before you elevate the dispute to the dispute resolution process. Instructions for disputing a report are on the report notification document you received notifying you of the report, and are also outlined on the Web site Dispute a Report page.

If, after disputing a report, you are unable to resolve the dispute with the reporting organization, you may request that the U.S. Department of Health and Human Services (HHS) review the report. This is called Report Review. Disputed reports are reviewed only for accuracy of factual information and to ensure that the information was required to be reported. For instructions on how to request a Report Review, see the Web site's Request a Report to Report Review page.

For additional information or assistance, please contact The Data Bank Customer Service Center at:

1-800-767-6732
Outside the U.S.: 1-703-902-9380
77/TDD: 1-703-902-8935
Fax: 1-703-803-1964
Email: help@npdb-hipdb.hrsa.gov
Online: http://www.npdb-hipdb.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.
Who Has Access to Reported Information?

- State health care licensing authorities, including State Boards of Nursing.

- Hospitals, nursing homes, and other health care entities with a formal peer review process have access to NPDB-HIPDB reports on nurses, and may use the Data Bank to verify a nurse’s background as part of their pre-employment process.

- Professional societies with formal peer review have access to NPDB-HIPDB reports concerning licensed nurses.

- The general public cannot query the Data Bank. Researchers and journalists may access de-identified information for statistical purposes only.
NPDB and HIPDB Soon to Merge

- **Patient Protection and Affordable Care Act (ACA)**, requires the elimination of duplication between the HIPDB and the NPDB.

- A notice of Proposed Rule Making was published on 2/15/12. HRSA received 11 comments by 4/16/12. HRSA reviewed those comments, which will be addressed in the Final Rule.
Merger and Transition

- Reporting requirements will remain the same as before.
- The 3 primary statutes Title IV of Public Law 99-660, Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act remain in effect, and the ACA simply combines them into one system.
- Transition period to transfer all data in the HIPDB to the NPDB, then to cease HIPDB operations.
- Date for merger is unknown, sometime in 2013
- New Guidebook is in progress
- Presently evaluating query fees
How Does the Dispute Process Work?

- Subject notified by mail, can gain access to report by logging into Data Bank
- Subject may contact the reporter to request corrections or changes to the report
- Reporter decides whether the correction is made or not. (If a simple correction, such as correcting an address or telephone number, the reporter may issue a Correction Report)
- If subject believes report filed is inaccurate, or not filed in accordance with the Data Bank requirements, they may add a **subject statement**.
  - Allows to explain their point of view of the event, up to 4,000 characters, becomes part of the report
  - May be added, edited, or removed at any time.
  - Subject may enter the report into Dispute Status
- If no resolution, may request dispute be elevated to **Report Review**
  - In writing, facts in dispute, documentation related to dispute
  - Secretary of HHS review:
    - Is action reportable?
    - Decision letter to maintain, correct or void the Databank report
    - Practitioner, organization and queriers are notified of HHS decision
Compliance Posting Results

Compliance Page was launched August 2012 – compliance status, reconcile issues, submit missing reports.

11 previously audited professions - 99% compliance & behavioral health professions - 89% compliance.

Future audit - state- and territory-based approach.
HRSA Compliance Activity - when Nursys® is your agent

- Compliance audit every 2-3 years
- Audit process
  - Review publicly available data from website & verify that disciplined individuals are also in HIPDB.
  - HIPDB notifies state BON & Nursys if there are actions not entered into the HIPDB
  - Nursys will assist BON with reviewing data
  - BON should enter missing actions into Nursys® for upload to HIPDB
Aggregate data from Nursys® - the only comprehensive national database for the verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs).

https://www.ncsbn.org/3873.htm
Licensure Statistics

- Interactive map
- View, by state, the number of:
  - all active licenses
  - active RN licenses
  - active LPN/VN licenses
  - also available in PDF and Excel formats
Discipline Statistics

- Interactive map
- View, by state, the number of:
  - all disciplinary actions
  - disciplinary actions on RNs
  - disciplinary actions on LPN/VNs
  - numbers of probation, revocation and suspension by all licenses, RNs or LPN/VNs.
- PDF and Excel formats
REFERENCES

- The Data Bank  http://www.npdb-hipdb.hrsa.gov/
- Guidebooks  http://www.npdb-hipdb.hrsa.gov/resources/aboutGuidebooks.jsp
- HRSA Compliance  http://www.npdb-hipdb.hrsa.gov/resources/TabbedPages/ComplianceStatusByProfession/Background.jsp
- The National Nursing Database  https://www.ncsbn.org/3873.htm
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