Program Memorandum Intermediaries/Carriers	Department of Health and Human Services (DHHS) HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Transmittal AB-01-57	Date: APRIL 24, 2001

CHANGE REQUEST 1554

SUBJECT: **Registration Process for, and Expectations for Use of, the Healthcare Integrity and Protection Data Bank (HIPDB)**

Introduction

HIPDB is a data collection system offering valuable information on adverse actions taken against health care providers, suppliers, and practitioners. Congress mandated the establishment of the HIPDB in the Health Insurance Portability and Accountability Act of 1996, lodging joint ownership of the system with the Department of Justice, and Health and Human Services (DHHS). DHHS' Office of Inspector General (OIG) is responsible for the systems' business functions, and day-to-day operation of the data bank are entrusted to DHHS' Health Resources and Services Administration (HRSA).

HIPDB captures a wide array of adverse action information, but it is not meant to be the sole tool used in any investigation. Rather, it is meant to be a flagging system to alert users that a more comprehensive review is warranted of any provider, supplier, or practitioner on whom a report is received. HIPDB captures five types of final adverse actions:

- Health care related civil judgments entered in Federal or State courts;

- Health care related criminal convictions entered in Federal or State courts;

- Federal or state licensing and certification actions (terminations, etc.);

- Exclusion from participation in Federal or State health care programs; and

- Any other adjudicated actions or decisions that the Secretary establishes by regulations (this has been defined as formal or official actions taken against a health care provider, supplier or practitioner by a Federal or State governmental agency or a health plan which includes the availability of a due process mechanism, and which are based on acts or omissions that affect or could affect the payment, provision or deliver of a health care item or service).

Medicare carriers and fiscal intermediaries (FIs) will be able to query HIPDB free of charge, via a secure password-based Internet access mechanism. Querying can only be done on-line at the following Internet address: www.npdb-hipdb.com. HCFA does not anticipate that Internet access will be problematic, as contractors currently utilize the Internet to access the General Services Administration (GSA) debarment list. HIPDB does not include GSA debarment information, so utilizing the GSA debarment list will continue to be necessary.

Carrier and FIs will be expected to query HIPDB in their benefit integrity (BI), provider/supplier enrollment, and medical review (MR) units. These expectations are outlined below. **Except for the National Supplier Clearinghouse, no contractors will report any information to the HIPDB.** Also, note that neither HCFA, nor its contractors under their Medicare line(s) of business, are authorized or eligible to query the National Practitioner Data Bank (NPDB), another HRSA-operated database, despite the fact that the NPDB and HIPDB logos frequently appear near one another on documents and Internet pages.

HCFA-Pub. 60A/B

Registering for HIPDB Access

Registering for HIPDB access is made via a special registration form, partially completed by HRSA, that is stamped "For HCFA Contractors Only." Each carrier, FI, or DMERC should register only once, using its assigned HCFA unique contractor identification number. In Section A, question 1, of the registration form ("name of entity"), **first list your identification number**, then place a dash, then indicate the name of your organization, abbreviating as necessary to remain within the character limits.

Several contractors registered to utilize HIPDB in late 1999 and early 2000, using a precursor to the special registration form. Any contractors having already submitted registration forms to HRSA should contact the individual listed below to determine if their registration has been processed prior to submitting a new form.

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> U.S. Department of Health and Human Services
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> (301) 443-3845 (Telephone Number)

After registration forms are processed, each contractor will receive a registration confirmation containing a Data Bank Identification Number (DBID) and password. The DBID and password are required for access to HIPDB, and should be stored in a secure location.

Contractors may query HIPDB free of charge under their Medicare line of business, but may not use free access codes for any other purpose. HRSA will vigilantly monitor database access. The sharing of information from HIPDB reports to unauthorized entities is prohibited by the HIPAA. HIPDB is statutorily required to be self-supporting, and although a number of other entities, including insurers, are entitled to access the system, users other than Federal agencies are charged a fee of $4 per query. Contractors found to have abused HIPDB access privileges may be subject to sanction by the DHHS OIG.

HIPDB requires no special training courses or manuals. Users are prompted how to query through web-based instructions and screen prompts. Contractors will use a browser-style search mode to query the HIPDB. Contractors will utilize the HIPDB in its "investigative search" mode. In this mode, users need not have a full array of data elements on a provider, supplier, or practitioner to conduct a search. However, users must therefore be particularly vigilant in analyzing results to assess whether or not they pertain to the person or entity on whom the search has been conducted. To ensure a more accurate match, queries should include as much identifying information as possible.

HRSA publishes a newsletter on roughly a bimonthly basis, copies of which are mailed to users and posted to the HIPDB Internet website. The website also contains a host of additional resource information. The HIPDB web address is: http://www.npdb-hipdb.com.

After implementing HIPDB use, contractors are strongly encouraged to provide the HCFA contact named below with feedback concerning experiences system use. Such feedback may include, but is not limited to, such things as the value of HIPDB reports, the system's ease of use, and its impact on time or staff resources.

HIPDB Use by Carrier and FI Benefit Integrity (BI) Units
All provider, supplier, or practitioner referrals to the BI unit from any source, as well as any leads developed by the BI unit involving provider(s), supplier(s), or practitioner(s) should be queried against HIPDB.

HIPDB Use by Carrier and FI Enrollment Units

As part of the enrollment process, every person and/or entity listed on the Form HCFA-855 application should be queried against HIPDB. When a query reveals a report of an adverse action that warrants the denial of the application, the provider enrollment department must take the denial action.

If a HIPDB query reveals an adverse action report(s) that clearly does not warrant denial of the application, continue to process the application in the normal manner. Flag the application, however, so that the MR unit may determine whether claims that subsequently may be submitted by the provider, supplier, or practitioner warrant heightened scrutiny.

HIPDB Use by FI and Carrier MR Units

HIPDB will serve as a fairly new type of tool for MR units. In and of itself, HIPDB will not aid in making MR determinations. However, the system will provide the medical reviewer with valuable information that may aid in determining whether to make a referral to the BI unit.

Because it is uncertain how to best apply HIPDB in the MR context, HCFA is not currently proposing specific protocols as to when, or under what circumstances, to query a provider, supplier, or practitioner against HIPDB. Rather, HCFA is encouraging MR staff to make creative use of the system, and to report any successful strategies or approaches for using HIPDB to regional office MR staff, so that a "best practices" guide may be developed.

Following are several suggestions as to circumstances under which HIPDB may prove useful in the MR context:

1. If you discover an overpayment while conducting focused MR, consult HIPDB to ascertain whether the provider, supplier, or practitioner has been the subject of adverse actions of a similar or related nature, and if so, refer to the BI unit.

2. Adverse actions found in HIPDB may constitute aggravating factors in assessing plans of progressive corrective action.

3. Query a random sample of providers, suppliers, or practitioners undergoing MR against HIPDB.

The repeated submission of claims improperly, after educational intervention on proper billing practices, must be referred to the BI unit.

The *effective date* for this Program Memorandum (PM) is May 21, 2001.

The *implementation date* for this PM is June 18, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after June 1, 2002.

If you have any questions, contact either the regional office benefit integrity staff, or Howard Cohen, at hcohen2@hcfa.gov or (410) 786-9537.

Attachment

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

This document is only available in hardcopy and will be released with the printed copy.