



The National Practitioner Data Bank

Massachusetts Association of Medical Staff Services
(MAAMSS)

March 19, 2026

Al Golden, Policy & Disputes Branch

William (Bill) West, Compliance Branch

Bureau of Health Workforce (BHW), Division of Practitioner Data Bank

Vision: Healthy Communities, Healthy People



Agenda

- 1 • Overview
- 2 • Querying
- 3 • Reporting
- 4 • The Dispute Resolution Process
- 5 • Attestation and Updates
- 6 • Resources

Overview



About the National Practitioner Data Bank

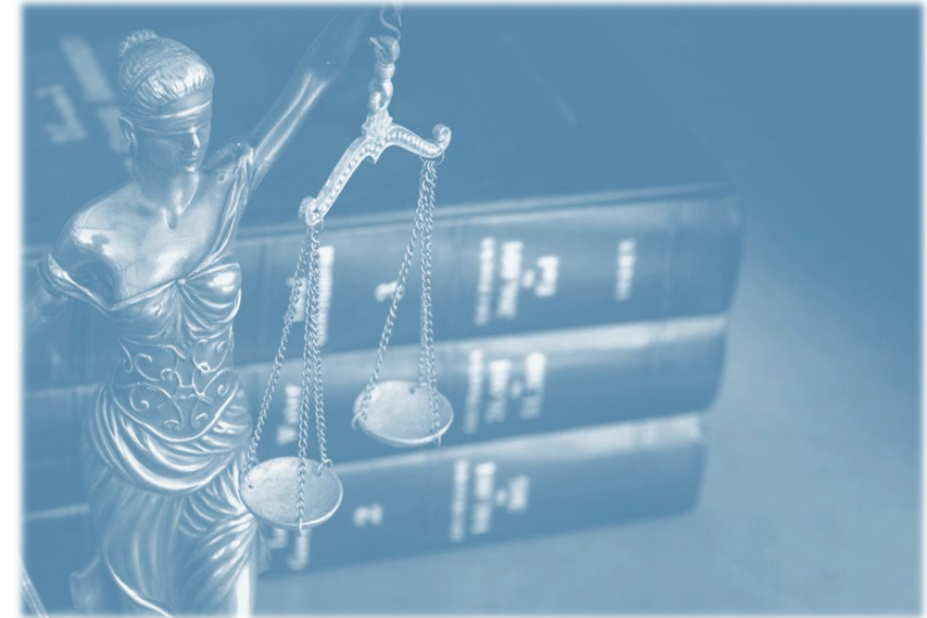
- The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. *(Reports are confidential and available to authorized queriers, but are not publicly available)*
- Established by Congress in 1986 the NPDB is a workforce tool that serves as a ‘flagging system’ for federal and state licensing and certification authorities, hospitals, and other health care entities to use in evaluating the qualifications of health care practitioners they seek to license, hire, or contract with, or to whom they wish to grant clinical privileges.
- The mission of the NPDB is to help improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S.
- The NPDB charges query fees to meet its statutory requirement to recover the full cost of operations and is self-funded.



Laws Governing the NPDB

The NPDB operates under the following laws:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA) Public Law 99-660
- Section 1921 of the Social Security Act
- Section 1128E of the Social Security Act



NPDB Information

Types of Information Reported

- Medical malpractice judgments and settlements
- Adverse licensing and certification actions
- Clinical privileges actions
- Health plan contract terminations
- Professional society membership actions
- Negative actions or findings from private accreditation organizations and peer review organizations
- Government administrative actions, e.g., exclusions from programs
- Civil and criminal health care-related judgments



General Overview – NPDB Statistics

Aggregate Data

1.94+ million REPORTS



23+ thousand ENTITIES



941+ thousand PRACTITIONERS



2025 Data

71.8 thousand NEW REPORTS



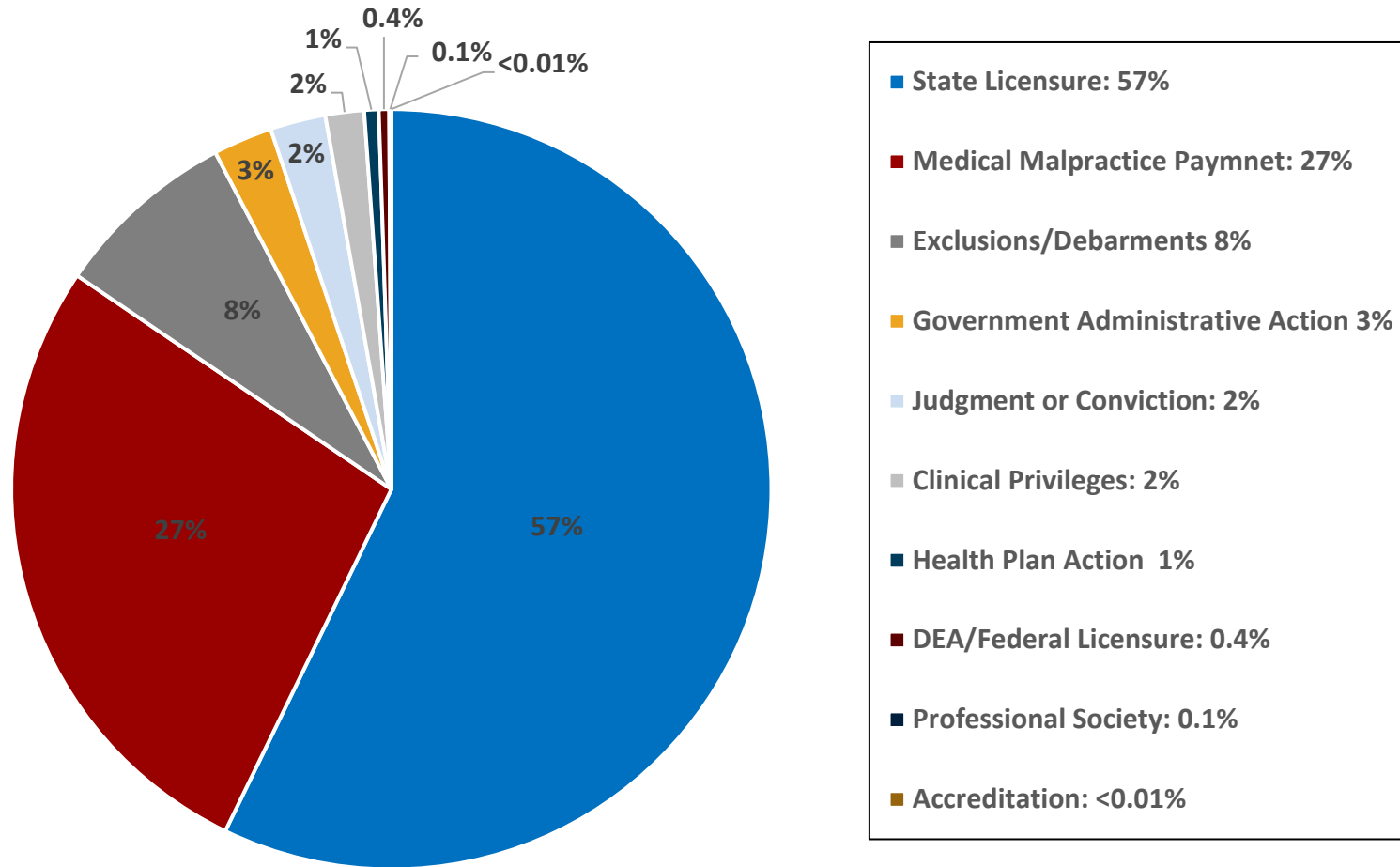
15.9+ million QUERIES



2.58 million DISCLOSURES



Reporting – NPDB Reports by Type

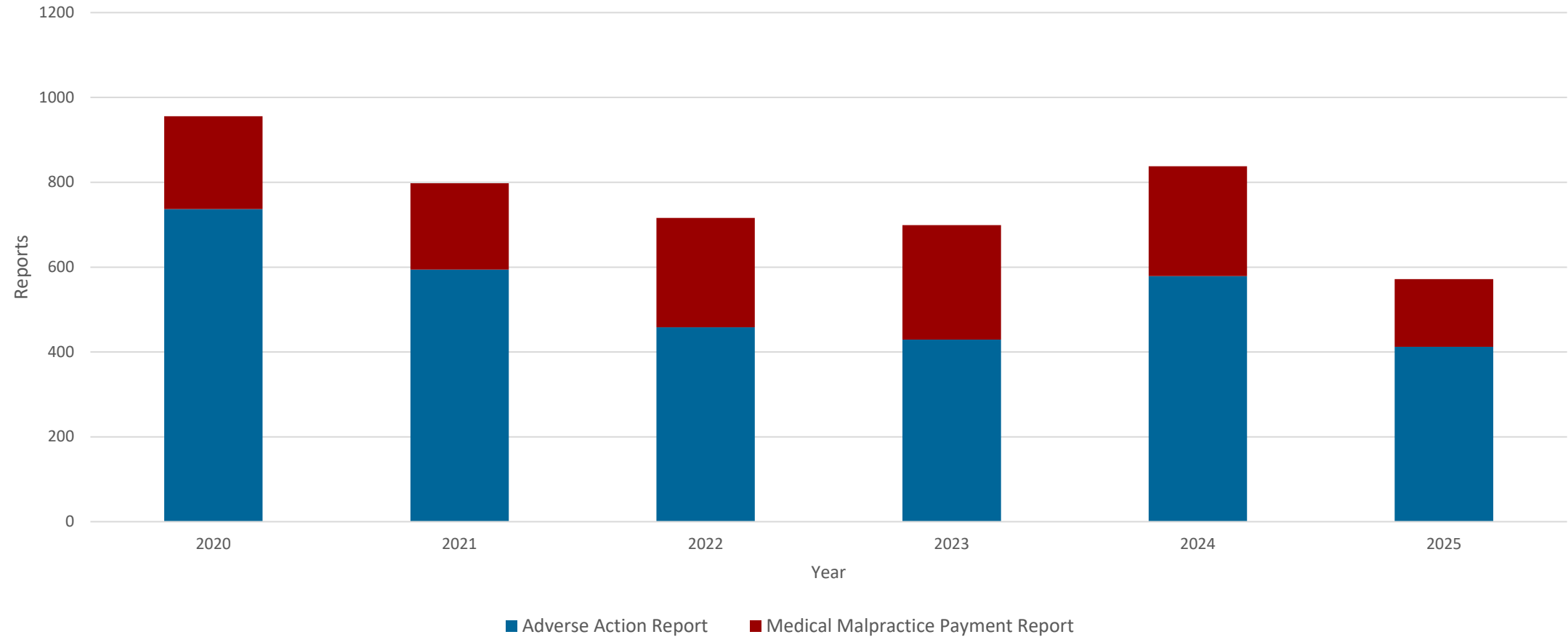


1.94M+ reports as of December 31, 2025



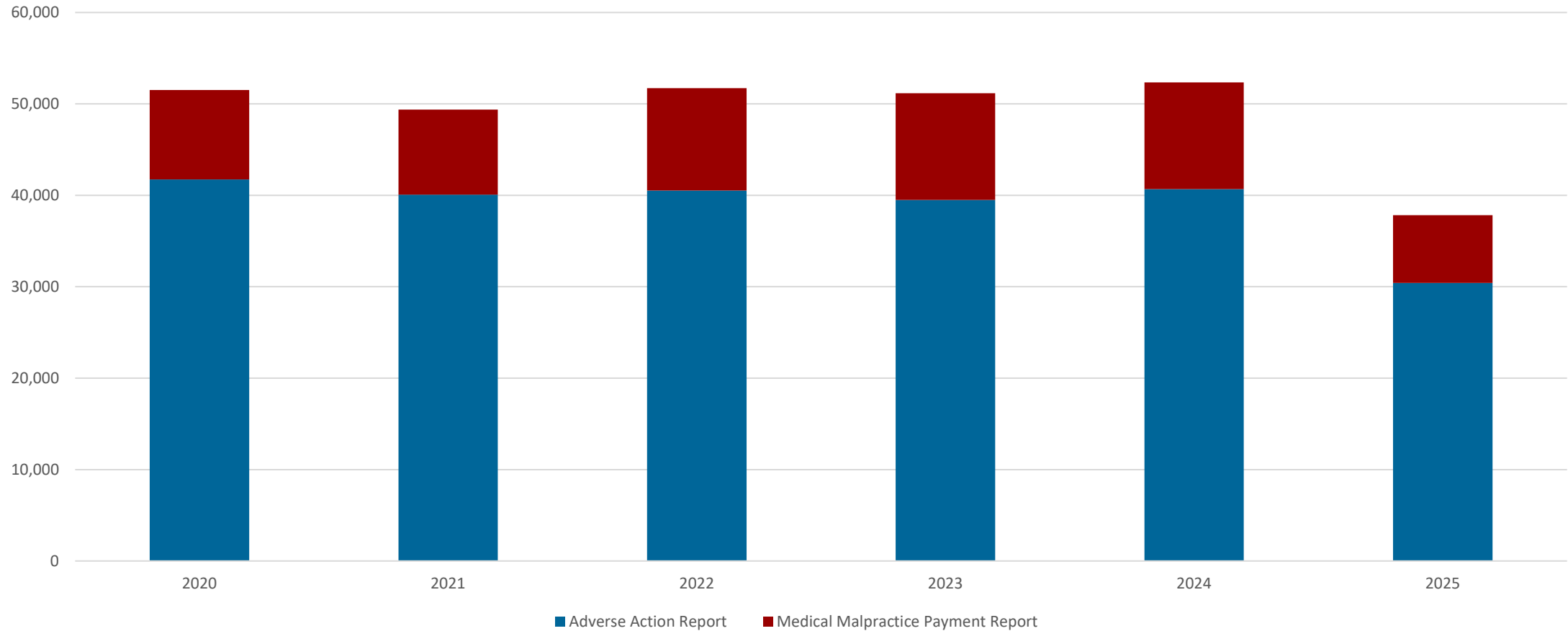
Massachusetts, Reports Submitted (2020-2025)

(n=4,579)



All States, Reports Submitted (2020-2025)

(n=587,950)



“Top 10” Practitioner Type Reports (2020-2025)

All States

1. Registered Nurse
2. Physician (MD)
3. Practical Nurse
4. Therapists and Counselors
5. Technicians and Assistants
6. Nursing Para-Professionals
7. Dentist
8. Pharmacist
9. Physician (DO)
10. Adv. Practice Nurse

Massachusetts

1. Physician (MD)
2. Registered Nurse
3. Therapists and Counselors
4. Practical Nurse
5. Technicians and Assistants
6. Dentist
7. Pharmacist
8. Nursing Para-Professionals
9. Adv. Practice Nurse
10. Social Worker



Who Reports and Queries?

ENTITY TYPES	REPORT	QUERY
Hospitals	Required	Required
Health plans	Required	Optional
Health care entities with formal peer review	Required	Optional
Medical malpractice payers	Required	Not Authorized
State licensing and certification agencies	Required	Optional
State agencies administering or supervising state programs	Required	Optional
State law enforcement agencies or fraud control units	Required	Optional
Federal licensing and certification agencies	Required	Optional
Agencies administering federal health care programs	Required	Optional
Federal law enforcement officials and agencies	Required	Optional
Professional societies with formal peer review	Required	Optional
Peer review organizations	Required	Not Authorized
Private accreditation organizations	Required	Not Authorized
Quality improvement organizations	Not Authorized	Optional



NPDB Information is Secure

- The NPDB maintains a comprehensive security system. Consistent with recognized standards and guidelines, the NPDB has rigorous operational, management, and technical controls that ensure the security of the system. Controls are also in place to ensure that transactions over the Internet are secure and that sensitive financial and personal information is properly protected from unauthorized access.



Civil Liability Protection

- The NPDB provides civil liability protection to improve patient safety by promoting submission of reports.
- While the protection does not stop entities from being sued, it does, in most cases, shield entities from liability and monetary damages in civil actions.



Question 1

If a physician's initial application for clinical privileges is denied or the privileges granted are more limited than those requested, must this be reported to the NPDB?

Yes

No

It depends



Answer 1

It depends. If the denial or limitation of privileges is the result of a professional review action and is related to the practitioner's professional competence or professional conduct, then the action must be reported to the NPDB. If the denial or limitation of privileges occurs solely because a practitioner does not meet a health care institution's established eligibility threshold criteria for that particular privilege (e.g., lacks the required number of clinical hours in a specialty), it should not be reported to the NPDB. The latter type of restriction or denial is not deemed the result of a professional review action relating to the practitioner's professional competence or professional conduct.



Question 2

A hospital filed a report with the NPDB announcing the revocation of a practitioner's clinical privileges. The reporting hospital had established a system of professional review under its bylaws, and it also had an employment termination procedure. In this case, the hospital used the employment termination procedure, not the professional review process. The practitioner's privileges were revoked by the employment termination process, but no action was taken through the professional review process. The practitioner was not given a choice of which process (system of professional review or employment termination procedure) the hospital would use. Should the hospital have filed the report with the NPDB?

Yes, No, It depends



Answer 2

No. The termination was not a result of a professional review action and, therefore, was not reportable. It does not matter that the employment termination, which was a result of the hospital's employment termination process, automatically resulted in the end of the practitioner's clinical privileges. However, if the hospital had performed a professional review of the practitioner's clinical privileges and revoked the practitioner's privileges as a result of the review, the professional review action would have been reportable, even if the action started as an employment termination. In order to be reportable to the NPDB, adverse actions must be the result of professional review. Generally, the reporting entity decides when a professional review has occurred.

Question 3

A physician member of a hospital medical staff applied for an expansion of clinical privileges. Although the physician met all threshold criteria established by the hospital for the expanded privileges, the physician's department head and the medical staff credentials committee recommended denial of the request for expanded clinical privileges based on their assessment that the physician did not have the clinical competence to perform the additional tests and procedures sought. The hospital's governing body reviewed the case, affirmed the findings and recommendations, and denied the physician's request for reasons relating to professional competence. Does the denial of a request for expanded clinical privileges have to be reported to the NPDB?

Yes

No

It depends



Answer 3

Yes. The action must be reported to the NPDB because the denial of expanded privileges was the result of a professional review action and adversely affected the clinical privileges of the physician for longer than 30 days.

Question 4

A health care entity terminated a physician's contract for causes relating to poor patient care, which in turn resulted in the loss of the practitioner's network participation. Should this be reported to the NPDB using one or two reports?

One, Two

or

It depends



Answer 4

It Depends on the circumstances; the health care entity may be required to submit two different reports. The loss of the practitioner's network participation that resulted from the termination of the contract for reasons relating to professional competence or professional conduct must be reported as a clinical privileges action only if it is considered to be a professional review action by the health care entity.

The termination of the practitioner's contract with the health care entity, in itself, does not meet NPDB reporting criteria for a clinical privileges action. However, if the contract termination meets the requirements of an "other adjudicated action or decision," the contract termination should be reported separately to the NPDB.



Querying



What is a Query?

- A query is a request to search for information in the NPDB regarding a health care practitioner or organization.
- The ability of an organization to query, and the types of information they may receive through querying, is determined by law.

VIEW INITIAL RESPONSES

NATIONAL PRACTITIONER DATA BANK
NPDB

Responses Details

Select a practitioner to view responses.

Filter ▼

Download All Unviewed Responses

Submitted	Viewed	Name	Submitted By	Billing Amount
11/17/2015	Not Viewed	KENT, CLARK	SALLY LAKE	\$3.00
11/16/2015	Not Viewed	DOE, JOHN	SALLY LAKE	\$3.00
11/16/2015	Not Viewed	SMITH, JANE	SALLY LAKE	\$3.00
11/13/2015	Not Viewed	BLACK, JOE	SALLY LAKE	\$3.00
11/12/2015	Not Viewed	WHITE, MATT	SALLY LAKE	\$0.00



Queries for Registered Entities

- One-Time Query
 - Allows you to receive a query response for a practitioner or organization
 - You will not be notified of any new reports submitted after the initial query date
 - Fee: \$2.50*
- Continuous Query (one year enrollment)
 - Allows you to receive an initial query response for a practitioner
 - Provides new or updated report notifications for a practitioner
 - Fee: \$2.50 *

*NPDB is required by law to recover its full cost of operations, which is done by charging fees.



Why Use Continuous Query?

Features	Continuous Query	One-Time Query
\$2.50 processing fee	✓	✓
Accepted by accreditation organizations and meets hospitals' querying requirements	✓	✓
Provides an initial query response	✓	✓
Compatible with credentialing software	✓	✓
Edit and update practitioners' identifying information	✓	✗
Notifies you when the NPDB receives new reports on your enrolled practitioners	✓	✗
Retrieve an updated query response at any time	✓	✗
Stores query responses for more than 45 days	✓	✗
Provides a monthly summary of all reports received on your enrolled practitioners	✓	✗
Renew continuous monitoring for re-credentialing	✓	✗



Self-Query

- Health care practitioners, entities, providers, and suppliers may query the NPDB regarding themselves at any time.
- The fee for a digitally-certified query response (PDF) is \$3.00. An additional \$13.00 fee is charged for each paper copy requested, which are sent using U.S. Postal Service Certified Mail (signature required) to secure Personally Identifiable Information (PII).
- Subjects may share their query with:
 - licensing authorities
 - insurers
 - credentialing entities

 National Practitioner Data Bank Health Resources and Services Administration U.S. Department of Health and Human Services P.O. Box 10832 Chantilly, VA 20153-0832 https://deva.npdb.hrsa.gov:8480	7910000178124977
	Process Date: 08/20/2021
	Page: 1 of 4

DOE, JANE - SELF-QUERY RESPONSE FOR AN INDIVIDUAL

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JANE
Date of Birth: 01/01/1950 **Gender:** FEMALE
Shipping Address: 15036 CONFERENCE CENTER DR, CHANTILLY, VA 20151-3848
Social Security Number: ***-**-3333
License: PHYSICIAN (MD), 123456, VA, AEROSPACE MEDICINE
Professional School(s): UNIVERSITY OF VA (2000)

B. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 08/20/2021

The following report types have been searched:

Medical Malpractice Payment Report	Yes, See Below	Health Plan Action(s)	No Reports
State Licensure or Certification Action	Yes, See Below	Professional Society Action(s)	Yes, See Below
Exclusion or Debarment Action(s)	No Reports	DEA/Federal Licensure Action(s)	No Reports
Government Administrative Action(s)	No Reports	Judgment or Conviction Report(s)	No Reports
Clinical Privileges Action(s)	Yes, See Below	Peer Review Organization Action(s)	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

TEST INSURANCE COMPANY

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action:	- VOLUNTARY SURRENDER OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT	Date of Action: 08/18/2021
DCN:	7910000178124903	

TEST INSURANCE COMPANY

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action:	- VOLUNTARY SURRENDER OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT	Date of Action: 08/01/2021
DCN:	7910000178124910	

Subsequent Action:	- VOLUNTARY SURRENDER OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT	Date of Action: 08/01/2021
DCN:	7910000178124908	

Subsequent Action:	- VOLUNTARY LIMITATION, RESTRICTION, OR REDUCTION OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT	Date of Action: 08/19/2021
DCN:	7910000178124950	



Hospital Querying

- Hospitals must query on health care practitioners when practitioners apply for staff appointments (courtesy or otherwise) or clinical privileges and every two years for practitioners on staff or with clinical privileges.
- Hospitals must query on health care practitioners for each occasion that it grants temporary privileges.
- Hospitals may query on health care practitioners with whom the hospital has entered (or may be entering) employment or affiliation relationships.



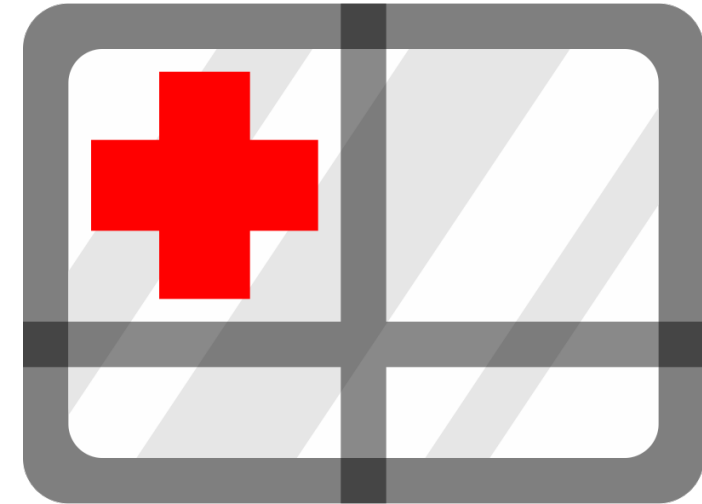
Other Health Care Entity Querying

Other Health Care Entity Defined:

- Must provide health care services and follow a formal peer review process.

May query:

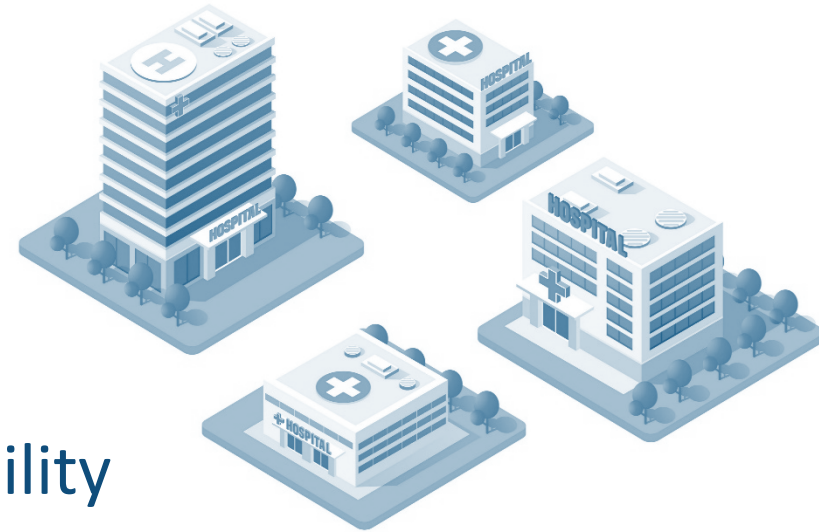
- When they have or may be entering into employment or affiliation relationships with health care practitioners
- When practitioners apply for clinical privileges or medical staff appointments
- When the entities engage in professional review activities.



Centralized and Decentralized Credentialing

Centralized Credentialing

- One peer review process and one decision-making body for system.
- May query the NPDB once on each practitioner, regardless of whether the practitioner provides health care services in one or multiple entities.



Decentralized Credentialing

- Each entity conducts peer review and grants facility privileges.
- Each entity must query the NPDB for its practitioners and sharing is prohibited.

Failure to Query

When a hospital fails to query as required on a practitioner, a plaintiff in a medical malpractice dispute may be allowed access to NPDB information on that practitioner for use in litigation *against the hospital*.



Authorized Agents

- Authorized agents must query the NPDB separately on behalf of each eligible entity.
- A query response submitted for one entity cannot be disclosed to another entity.

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Which category best fits your organization?

- Hospital** [Show description](#)
- Other Health Care Entity - a health care organization that is not a hospital*** [Show description](#)
- Medical Malpractice Payer** [Show description](#)
- An agent registering to query and/or report on behalf of another organization** [Hide description](#)

An agent does not have the authority to query or report to the NPDB on their own. An organization that is eligible to query and/or report to the NPDB (an "eligible entity") must designate the agent to interact with the NPDB on its behalf. Agents must register with the NPDB and comply with all registration requirements before they can be designated by an eligible entity as an authorized agent.



Question 5

A preferred provider organization (PPO) investigated a member physician after receiving quality of care complaints from several plan participants. The physician was unaware of the investigation, but, during the investigation, he relinquished his panel membership for personal reasons. Is this reportable?

Yes

No

It depends



Answer 5

Yes. A health care entity must report a physician's surrender of panel membership (a form of clinical privileges) while under investigation. The reporting entity should be able to produce evidence that an investigation was initiated prior to the surrender, and the physician's awareness of the investigation is immaterial. In addition, in this situation, any termination of the physician's contract with the PPO must be reported to the NPDB separately if the action meets the definition of an "other adjudicated action or decision."

Question 6

A hospital automatically revoked a physician's clinical privileges when the physician lost her license. Should this action be reported?

Yes

No

It depends

Answer 6

No. Administrative actions that do not involve a professional review action should not be reported to the NPDB. The revocation of clinical privileges is automatic because the practitioner no longer holds a license. Regardless of the reason for the state medical board's licensure action, the hospital's revocation of privileges was not the result of a professional review action. Therefore, the hospital's action should not be reported to the NPDB.

Question 7

A physician holds clinical privileges at First Hospital and Second Hospital. First Hospital suspends the physician's privileges. Second Hospital's rules provide that a suspension or termination of privileges at another hospital requires suspension or termination at Second Hospital. Consequently, once it learns of First Hospital's suspension of the physician's clinical privileges, Second Hospital also suspends the physician's privileges. Should Second Hospital report its action to the NPDB?

Yes

No

It depends



Answer 7

No. Second Hospital's suspension of the physician is an administrative action that does not involve a professional review action and, therefore, should not be reported.

Question 8

A hospital suspended a physician's clinical privileges for 45 days for failing to complete medical records. Should this action be reported to the NPDB?

Yes

No

It depends



Answer 8

It depends. a suspension must be reported to the NPDB if the suspension is a result of a professional review action and the hospital determines that the failure to complete medical records is related to the physician's professional competence or conduct and adversely affects or could adversely affect a patient's health or welfare. If the suspension of the practitioner's clinical privileges is the result of an automatic or administrative action, and not the result of a professional review action, the suspension should not be reported to the NPDB.



Reporting



Report Types

- **Initial:** The first report of a medical malpractice payment, adverse action, or judgment or conviction submitted to and processed by the NPDB.
- **Correction:** A Correction Report corrects an error or omission in a previously submitted report by replacing it.
- **Revision-to-Action:** A Revision-to-Action Report is a report of an action that modifies an adverse action previously reported to the NPDB.
- **Void:** A Void Report, also referred to as a Void, is the withdrawal of a report in its entirety.



Responding to Reports

If a practitioner or a health care organization is the subject of an NPDB Report, they may:

- Add a statement to provide any additional information to be included with the Report
- Initiate a dispute
 - This enters the report into **Dispute Status** to disagree with either the factual accuracy of the report or whether the report was submitted in accordance with NPDB reporting requirements. (*Entering the report into Dispute Status does not trigger a review of the report by the NPDB*)

Once the report has been entered into Dispute Status, the subject of a report may:

- Take no further action
- Withdraw the report from Dispute Status, or
- Elevate the report to **Dispute Resolution**. Elevating the report is the only way to initiate NPDB's Dispute Resolution Review process.



Hospital Reporting

Must report on: Physicians and dentists:

- Adverse clinical privileges actions >30 days related to professional competence or conduct
- Surrendering privileges while under investigation

May report on: Other practitioners:

- Adverse clinical privileges actions >30 days related to professional competence or conduct



Other Health Care Entity Reporting

Other health care entities with peer review must report on:

- Physicians and dentists:
 - Adverse clinical privileges actions >30 days related to professional competence or conduct
 - Surrendering privileges while under investigation

May report on:

- Other practitioners:
 - Adverse clinical privileges actions >30 days related to professional competence or conduct

All health plans also must report on:

- Health care-related civil judgments in state or federal court



Medical Malpractice Payment Reporting

To be reported to the NPDB, a Medical Malpractice Payment Report (MMPR) must:

- Be the result of a written complaint or claim demanding monetary payment for damages. (The written complaint or claim must be based on a practitioner's provision of or failure to provide health care services.)
- Document that the practitioner was named or identified in the complaint or claim demanding monetary payment and in the settlement release or final adjudication.
- Document that a payment was made on behalf of the practitioner named in the settlement of a claim. *

*(both settlements and judgments, no dollar threshold for reporting)



Medical Malpractice Payment Reporting

Presumption of Medical Malpractice?

Medical malpractice claims (particularly those referred to as nuisance claims) may be settled for convenience and, as such, are not necessarily a reflection on the professional competence or professional conduct of a practitioner.

Investigations

- Investigations themselves are not reportable
- Definition of term is not controlled by entity's bylaws
- Routine review of a practitioner is not an investigation
- Focus must be on a particular practitioner
- Precursor to professional review action
- Ongoing until decision-making authority take



Professional Review Action

A professional review action is taken after a peer review activity to:

- Determine whether the practitioner may have clinical privileges
- Determine the scope or condition of such privileges, or
- Change or modify such privileges

A professional review action excludes any matter that does not relate to the competence or professional conduct of a health care practitioner.

Employment Action

An employment action is not based on the professional competence or professional conduct of an individual health care practitioner.

It doesn't include a decision on a practitioner's privileges.

It doesn't involve a peer review process.

But it includes administrative actions, such as:

- When a board certification expires and a physician's privileges are automatically revoked
- When a physician fails to meet requisite number of training hours, resulting in privileges being suspended



Question 9

A hospital imposed a 30-day suspension of privileges as a result of a professional review action based on a physician's professional competence. Should this be reported to the NPDB?

Yes

No

It depends



Answer 9

No. The action should not be reported because the adverse action taken by the professional review body was not imposed for more than 30 days. However, if this action had lasted longer than 30 days, it must be reported to the NPDB on the 31st day.



Question 10

A hospital's chief of surgery summarily suspended a physician's privileges for outbursts of anger and throwing charts and instruments in an operating room. Should this action be reported to the NPDB?

Yes

No

It depends

Answer 10

It depends. must be reported if the summary suspension is in effect for longer than 30 days and the hospital considers the summary suspension to be a professional review action. Summary suspensions are considered to be final when they become professional review actions through a decision of the authorized hospital committee or body, according to bylaws or other official documents (e.g., rules and procedures, standard operating procedures). In this scenario, the chief of surgery could reasonably conclude that the physician's outbursts affect the orderly conduct of business in the hospital, which could pose an imminent threat to patient safety.



Question 11

Is an agreement not to exercise privileges during an investigation, without actually surrendering the privileges, a resignation while under investigation that is reportable?

Yes

No

It depends



Answer 11

Yes, the agreement not to exercise privileges is reportable if other reportability conditions are met. NPDB regulations state that "acceptance of the surrender of clinical privileges or any restriction of such privileges... while under investigation" is reportable. An agreement not to exercise privileges is a restriction of privileges. Any restriction of privileges while under investigation, temporary or otherwise, is considered a resignation and must be reported.

Question 12 ... the last one 😊

When does the review of an application for reappointment become an investigation if the physician resigns before final action is taken on the reappointment application? For example, if a physician discloses on an application for reappointment that she has been a defendant in three malpractice cases during the last 2 years, and the credentials committee requests additional information about the cases, has an ongoing "routine review" become an "investigation?"

Yes

No

It depends

Answer 12

It depends. A routine or general review is not considered an investigation. So, for example, if all practitioners are automatically or routinely asked for additional information when they are defendants in a certain number of malpractice cases, this type of request probably would not be considered an investigation. Therefore, the resignation would not be reportable. However, if officials at the reappointing hospital had specific concerns about this practitioner's competence based on the number or severity of the medical malpractice cases, then the inquiry appears to deviate from routine review, be focused on a particular practitioner, and concerns competence and conduct issues. In this situation, the activity may be seen as an investigation, and, if so, the resignation would be reportable.



The Dispute Resolution Process



What Is Dispute Resolution

- Dispute resolution is a request from a reported subject for the Secretary of the U.S. Department of Health and Human Services to review the report for accuracy and whether it was submitted according to NPDB reporting requirements. The Secretary authorizes the Division of Practitioner Data Bank to conduct this review. The Division is responsible for oversight of the NPDB.
- Federal regulations strictly limit the scope of NPDB's legal authority for reviewing disputed reports.



Subject Statements

- Allows subjects of reports to disagree with the factual accuracy of the report or whether it meets reporting requirements.
- Becomes a permanent part of the report
- Sent to subject, reporting entity, all queriers receiving report in previous 3 years, and all future queriers
- Unless subjects act, are not removed even if reporters modify reports



Dispute Resolution Review Process

The Dispute Resolution review process can determine only:

- Whether a report was submitted in accordance with NPDB reporting requirements, including the eligibility of the reporting entity to report the information to the NPDB
- Whether the report accurately depicts the action taken as reflected in the written record provided by the reporting entity, and
- Whether the report is considered accurate or inaccurate as submitted. If accurate, the Report remains in the Databank. If inaccurate, the Report should be corrected or voided.

The Dispute Resolution review process does not include reviewing:

- The underlying reasons for the report, such as the merits of a medical malpractice claim or the appropriateness of, or basis for, other types of reports;
- The extent to which reporting entities followed due process procedures;
- The validity of medical or clinical information provided in the report.



Attestation & Updates



NPDB Attestation

What: Organizations should affirm that they have submitted all legally required reports to the NPDB within the past 2 years, have performed all required queries, and have met confidentiality requirements.

Why:

- To educate entities about their legal obligation to report, and
- To ensure that they have reported all legally required reports to the NPDB.

When: During the entity's registration renewal process, which occurs every 2 years.



Multi-Factor Authentication (MFA) and Identity Verification

- NPDB requires the use of multi-factor authentication and identity verification
- Currently using [ID.me](#) for its identity verification provider
- A May 21, 2019, [memorandum M-19-17](#) from the Office of Management and Budget (OMB) establishes rules pertaining to the federal government's identity, credential, and access management policy



Resources



NPDB Resources

- Website: www.npdb.hrsa.gov
- [Help Center](#)
- [Guidebook](#)
- [Codes for Reporting and Querying](#)
- [Infographics](#)
- [Videos](#)
- [Recordings of Webinars](#)
- [Legislation & Regulations](#)
- [Statistical Data & Research Tools](#)



NPDB Customer Service Center
800.767.6732
help@npdb.hrsa.gov

Questions



Contact Us

William (Bill) West MA, RN
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Wwest@hrsa.gov

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National Practitioner Data Bank
Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
www.npdb.hrsa.gov



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