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(iv) Nature of the subject's relationship to each associated or affiliated health care entity.

(3) If the subject is an organization, identifiers, including:

- (i) Other name(s) used;
- (ii) Other address(es) used;
- (iii) Other FEIN(s) or Social Security Numbers(s) (or ITINs) used;
- (iv) Other NPI(s) used;
- (v) State license (including certification and registration) number(s) and the name(s) of the State or territory in which the license is held;
- (vi) Other numbers assigned by Federal or State agencies, to include, but not limited to Drug Enforcement Administration (DEA) registration number(s), Clinical Laboratory Improvement Act (CLIA) number(s), Food and Drug Administration (FDA) number(s), and Medicaid and Medicare provider number(s);
- (vii) Names and titles of principal officers and owners;
- (viii) Name(s) and address(es) of any health care entity with which the subject is affiliated or associated; and
- (ix) Nature of the subject's relationship to each associated or affiliated health care entity.

(4) For all subjects:

- (i) Prosecuting agency's case number;
- (ii) Investigative agencies involved;
- (iii) Investigative agencies case of file number(s); and
- (iv) The date of appeal, if any.

(d) *Sanctions for failure to report.* The Secretary will provide for publication of a public report that identifies those Government agencies that have failed to report information on criminal convictions as required to be reported under this section.

[64 FR 57758, Oct. 26, 1999, as amended at 69 FR 33868, June 17, 2004]

§ 61.9 Reporting civil judgments related to the delivery of a health care item or service.

(a) *Who must report.* Federal and State attorneys and health plans must report civil judgments against health care providers, suppliers, or practitioners related to the delivery of a health care item or service (regardless of whether the civil judgment is the subject of a pending appeal). If a Government agency is party to a multi-

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claimant civil judgment, it must assume the responsibility for reporting the entire action, including all amounts awarded to all the claimants, both public and private. If there is no Government agency as a party, but there are multiple health plans as claimants, the health plan which receives the largest award must be responsible for reporting the total action for all parties.

(b) Entities described in paragraph (a) of this section must report the information as required in § 61.8(b).

(c) Entities described in paragraph (a) of this section should report, if known the information as described in § 61.8(c).

(d) *Sanctions for failure to report.* Any health plan that fails to report information on a civil judgment required to be reported under this section will be subject to a civil money penalty (CMP) of not more than \$25,000 for each such adverse action not reported. Such penalty will be imposed and collected in the same manner as CMPs under subsection (a) of section 1128A of the Act. The Secretary will provide for publication of a public report that identifies those Government agencies that have failed to report information on civil judgments as required to be reported under this section.

§ 61.10 Reporting exclusions from participation in Federal or State health care programs.

(a) *Who must report.* Federal and State Government agencies must report health care providers, suppliers, or practitioners excluded from participating in Federal or State health care programs, including exclusions that were made in a matter in which there was also a settlement that is not reported because no findings or admissions of liability have been made (regardless of whether the exclusion is the subject of a pending appeal).

(b) Entities described in paragraph (a) of this section must report the following information:

(1) If the subject is an individual, personal identifiers, including:

- (i) Name;
- (ii) Social Security Number (or ITIN);

- (iii) Home address or address of record;
- (iv) Sex; and
- (v) Date of birth.
- (2) If the subject is an individual, that individual's employment or professional identifiers, including:
 - (i) Organization name and type;
 - (ii) Occupation and specialty, if applicable; and
 - (iii) National Provider Identifier (NPI), when issued by the Centers for Medicare & Medicaid Services (CMS).
- (3) If the subject is an organization, identifiers, including:
 - (i) Name;
 - (ii) Business address;
 - (iii) Federal Employer Identification Number (FEIN), or Social Security Number (or ITIN) when used by the subject as a Taxpayer Identification Number (TIN);
 - (iv) The NPI, when issued by CMS; and
 - (v) Type of organization.
- (4) For all subjects:
 - (i) A narrative description of the acts or omissions and injuries upon which the reported action was based;
 - (ii) Classification of the acts or omissions in accordance with a reporting code adopted by the Secretary;
 - (iii) Classification of the action taken in accordance with a reporting code adopted by the Secretary, and the amount of any monetary penalty resulting from the reported action;
 - (iv) The date the action was taken, its effective date and duration;
 - (v) If the action is on appeal;
 - (vi) Name of the agency taking the action;
 - (vii) Name and address of the reporting entity; and
 - (viii) The name, title and telephone number of the responsible official submitting the report on behalf of the reporting entity.
- (c) Entities described in paragraph (a) of this section should report, if known, the following information:
 - (1) If the subject is an individual, personal identifiers, including:
 - (i) Other name(s) used;
 - (ii) Other address;
 - (iii) FEIN, when used by the individual as a TIN;
 - (iv) Name of each professional school attended and year of graduation; and
 - (v) If deceased, date of death.
 - (2) If the subject is an individual, that *individual's* employment or professional identifiers, including:
 - (i) State professional license (including professional registration and certification) number(s), field(s) of licensure, and the name(s) of the State or Territory in which the license is held;
 - (ii) Other numbers assigned by Federal or State agencies, to include, but not limited to Drug Enforcement Administration (DEA) registration number(s), Unique Physician Identification Number(s) (UPIN), and Medicaid and Medicare provider number(s);
 - (iii) Name(s) and address(es) of any health care entity with which the subject is affiliated or associated; and
 - (iv) Nature of the subject's relationship to each associated or affiliated health care entity.
 - (3) If the subject is an organization, identifiers, including:
 - (i) Other name(s) used;
 - (ii) Other address(es) used;
 - (iii) Other FEIN(s) or Social Security Numbers(s) (or ITINs) used;
 - (iv) Other NPI(s) used;
 - (v) State license (including registration and certification) number(s) and the name(s) of the State or territory in which the license is held;
 - (vi) Other numbers assigned by Federal or State agencies, to include, but not limited to Drug Enforcement Administration (DEA) registration number(s), Clinical Laboratory Improvement Act (CLIA) number(s), Food and Drug Administration (FDA) number(s), and Medicaid and Medicare provider number(s);
 - (vii) Names and titles of principal officers and owners;
 - (viii) Name(s) and address(es) of any health care entity with which the subject is affiliated or associated; and
 - (ix) Nature of the subject's relationship to each associated or affiliated health care entity.
 - (4) For all subjects:
 - (i) If the subject will be automatically reinstated; and
 - (ii) The date of appeal, if any.
 - (d) *Sanctions for failure to report.* The Secretary will provide for publication of a public report that identifies those Government agencies that have failed to report information on exclusions or

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debarments as required to be reported under this section.

[64 FR 57758, Oct. 26, 1999, as amended at 69 FR 33869, June 17, 2004]

§ 61.11 Reporting other adjudicated actions or decisions.

(a) *Who must report.* Federal and State governmental agencies and health plans must report other adjudicated actions or decisions as defined in § 61.3 related to the delivery, payment or provision of a health care item or service against health care providers, suppliers, and practitioners (regardless of whether the other adjudicated action or decision is subject to a pending appeal).

(b) Entities described in paragraph (a) of this section must report the information as required in § 61.10(b).

(c) Entities described in paragraph (a) of this section should report, if known the information as described in § 61.10(c).

(d) *Sanctions for failure to report.* Any health plan that fails to report information on an other adjudicated action or decision required to be reported under this section will be subject to a civil money penalty (CMP) of not more than \$25,000 for each such action not reported. Such penalty will be imposed and collected in the same manner as CMPs under subsection (a) of section 1128A of the Act. The Secretary will provide for publication of a public report that identifies those Government agencies that have failed to report information on other adjudicated actions as required to be reported under this section.

Subpart C—Disclosure of Information by the Healthcare Integrity and Protection Data Bank

§ 61.12 Requesting information from the Healthcare Integrity and Protection Data Bank.

(a) *Who may request information and what information may be available.* Information in the HIPDB will be available, upon request, to the following persons or entities, or their authorized agents—

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(1) Federal and State Government agencies;

(2) Health plans;

(3) A health care practitioner, provider, or supplier requesting information concerning himself, herself or itself; and

(4) A person or entity requesting statistical information, which does not permit identification of any individual or entity. (For example, researchers can use statistical information to identify the total number of practitioners excluded from the Medicare and Medicaid programs. Similarly, health plans can use statistical information to develop outcome measures in their efforts to monitor and improve quality care.)

(b) *Procedures for obtaining HIPDB information.* Eligible individuals and entities may obtain information from the HIPDB by submitting a request in such form and manner as the Secretary may prescribe. These requests are subject to fees set forth in § 61.13. The HIPDB will comply with the Department's principles of fair information practice by providing each subject of a report with a copy when the report is entered into the HIPDB.

(c) *Information provided in response to self-queries.* (1) At the time subjects request information as part of a "self-query," the subject will receive—

(i) Any report(s) in the HIPDB specific to them; and

(ii) A disclosure history from the HIPDB of the name(s) of any entity (or entities) that have previously received the report(s).

(2) The disclosure history will be restricted in accordance with the Privacy Act regulations set forth in 45 CFR part 5b.

§ 61.13 Fees applicable to requests for information.

(a) *Policy on fees.* The fees described in this section apply to all requests for information from the HIPDB, except requests from Federal agencies. However, for purposes of verification and dispute resolution at the time the report is accepted, the HIPDB will provide a copy—at the time a report has been submitted automatically, without a request and free of charge—of every