

Overview

NPDB querying and reporting requirements apply to physicians, dentists, and other licensed health care practitioners. The NPDB acts as a clearinghouse of information relating to medical malpractice payments, certain adverse actions taken against practitioners' licenses, clinical privileges, and professional society memberships, and eligibility to participate in Medicare/Medicaid. NPDB information is intended to be used in combination with information from other sources in making determinations on granting clinical privileges or in employment, affiliation, or licensure decisions. Table C-1, *NPDB Requirements Affecting Physicians, Dentists, and Other Health Care Practitioners*, summarizes Title IV requirements affecting physicians, dentists, and other health care practitioners.

Defining Health Care Practitioners

A **physician** is defined as a doctor of medicine or osteopathy who is legally authorized by a State to practice medicine or surgery. A **dentist** is defined as a doctor of dental surgery, doctor of dental medicine, or the equivalent, who is legally authorized by a State to practice dentistry.

Any individual who, without authority, holds himself or herself out to be an authorized physician or dentist is considered a physician or dentist.

Other health care practitioners are defined as individuals other than physicians or dentists who are licensed or otherwise authorized (certified or registered) by a State to provide health care services; or individuals who, without authority, hold themselves out to be so licensed or authorized. For examples, see the list on page C-3 entitled *Examples of Other Health Care Practitioners*.

The licensing or authorization of other health care practitioners to provide health care services varies from State to State. Each entity that reports to or queries the NPDB is responsible for determining which categories of health care practitioners are licensed or otherwise authorized by their State to provide health care services.

Currently, there is no NPDB requirement to query or report on other health care practitioners who are **not** licensed or otherwise authorized by a State to provide health care services, unless the individual holds himself or herself to be so authorized.

**Table C-1. NPDB Requirements Affecting
Physicians, Dentists, and Other Health Care Practitioners**

Entity	Reporting to the NPDB	Querying the NPDB
State Medical and Dental Boards	Must report certain adverse licensure actions related to professional competence or professional conduct and revisions to such actions for physicians and dentists.	May query at any time.
Other State Licensing Boards	Do not report.	May query at any time.
Hospitals and Other Health Care Entities	Must report (1) professional review actions related to professional competence or professional conduct that adversely affect clinical privileges of a physician or dentist for more than 30 days; (2) a physician's or dentist's voluntary surrender or restriction of clinical privileges while under investigation for professional competence or professional conduct or in return for not conducting an investigation; and (3) revisions to such actions. May report on other health care practitioners.	Hospitals must query when screening applicants for a medical staff appointment or granting/adding to/expanding clinical privileges, and every 2 years on health care practitioners on the medical staff or who have clinical privileges. Hospitals may query at other times, as they deem necessary. Other health care entities may query when screening applicants for a medical staff appointment or granting affiliation, clinical privileges, and in support of professional review activity.
Professional Societies	Must report professional review actions, based on reasons relating to professional competence or conduct, that adversely affect professional society memberships and revisions to such actions for physicians and dentists. May report on other health care practitioners.	May query when screening an applicant for membership or affiliation, and in support of professional review activity.
Medical Malpractice Payers	Must report payments made for the benefit of physicians, dentists, and other health care practitioners in settlement of or in satisfaction in whole or in part of a claim or judgment against such practitioner.	May not query the NPDB.
Health Care Practitioners	Do not report on their own behalf.	May self-query the NPDB at any time.
Office of Inspector General (OIG), HHS	Reports exclusions from the Medicare/Medicaid programs against physicians, dentists, and other health care practitioners.	May not query the NPDB.

Examples of Other Health Care Practitioners

The following list of health care practitioners other than physicians and dentists is provided solely for illustration. The inclusion or exclusion of any health care occupational group should not be interpreted as a mandate or a waiver of compliance to Data Bank reporting requirements, since licensure and certification requirements vary from State to State.

Chiropractor

Counselor

Counselor, Mental Health
Professional Counselor
Professional Counselor, Alcohol
Professional Counselor, Family/Marriage
Professional Counselor, Substance Abuse

Dental Service Provider

Dental Assistant
Dental Hygienist
Denturist

Dietician/Nutritionist

Dietician
Nutritionist

Emergency Medical Technician (EMT)

EMT, Basic
EMT, Cardiac/Critical Care
EMT, Intermediate EMT, Paramedic

Nurse/Advanced Practice Nurse

Registered (Professional) Nurse
Nurse Anesthetist
Nurse Midwife
Nurse Practitioner
Licensed Practical or Vocational Nurse

Nurses Aide/Home Health Aide

Nurses Aide
Home Health Aide (Homemaker)

Eye and Vision Service Provider

Ocularist
Optician
Optometrist

Pharmacy Service Provider

Pharmacist
Pharmacist, Nuclear
Pharmacy Assistant

Physician Assistant

Physician Assistant, Allopathic
Physician Assistant, Osteopathic

Podiatric Service Provider

Podiatrist
Podiatric Assistant

Psychologist, Clinical

Rehabilitative, Respiratory, and Restorative Service Provider

Art/Recreation Therapist
Massage Therapist
Occupational Therapist
Occupational Therapy Assistant
Physical Therapist
Physical Therapy Assistant
Rehabilitation Therapist
Respiratory Therapist
Respiratory Therapy Technician

Social Worker

Speech, Language, and Hearing Service Provider

Audiologist
Speech/Language Pathologist

Technologist

Medical Technologist
Cytotechnologist
Nuclear Medicine Technologist
Radiation Therapy Technologist
Radiologic Technologist

Other Health Care Practitioner

Acupuncturist
Athletic Trainer
Homeopath
Medical Assistant
Midwife, Lay (Non-nurse)
Naturopath
Orthotics/Prosthetics Fitter
Perfusionist
Psychiatric Technician

Practitioner Self-Query

A self-query is a practitioner's request for information about himself or herself. Practitioners may self-query the NPDB and the HIPDB at any time by visiting the NPDB-HIPDB web site at www.npdb-hipdb.com. **All self-query applications must be submitted through the NPDB-HIPDB web site.** Previous paper versions of the *Self-Query* form will be rejected. Practitioners who do not have access to the Internet may call the NPDB-HIPDB Customer Service Center for assistance. For detailed instructions on self-querying, see the *Fact Sheet on Self-Querying*, available at www.npdb-hipdb.com.

A practitioner who submits a self-query to the Data Banks will receive via U.S. mail either a response notifying them that no information exists in the Data Banks, or a copy of all report information submitted by eligible reporting entities. All practitioner self-queries will be processed against both the NPDB and the HIPDB. As part of their self-query response, subjects of an Adverse Action Report or Medical Malpractice Payment Report submitted to the NPDB will receive a list of all queriers to whom the reported information has been disclosed with the response.

All *Self-Query* forms must be signed and notarized, and all fields in the notarization section must be completed. The NPDB-HIPDB will reject any self-query received without signature and notarization or with an incomplete notarization.

A fee will be charged for each self-query submitted. For more information on self-query fees, refer to Chapter G, Fees.

Self-Querying on the Internet

The NPDB-HIPDB employs the latest technology, along with various implementation measures, to provide a secure environment for querying, reporting, data storage, and retrieval. Security features include firewall protection from unauthorized access and encryption of transmitted data to prevent unauthorized use.

Practitioners complete and transmit their self-queries to the NPDB-HIPDB on-line; however, a self-query is not officially submitted until a signed and notarized paper copy is received by the Data Banks. A formatted copy of the self-query is generated immediately after electronic transmission. To complete the self-query process, practitioners must print the formatted copy, sign and date it in the presence of a notary public, and mail the notarized self-query to the address specified.

Once a properly signed and notarized self-query is received by the Data Banks, it typically is processed within one business day and returned to the practitioner via U.S. mail. The practitioner may view the processing status of his or her self-query request via the NPDB-HIPDB web site at www.npdb-hipdb.com.

Subject Information in the NPDB

The NPDB is committed to maintaining accurate information and ensuring that subjects are informed when medical malpractice payments or adverse actions are reported about them. When the NPDB receives a report, the information is processed by the NPDB computer system exactly as submitted by the reporting

entity. Reporting entities are responsible for the accuracy of the information they report.

When the NPDB processes a report, a *Report Verification Document* is made available to the reporting entity for retrieval from the Integrated Querying and Reporting Service (IQRS), and a *Notification of a Report in the Data Bank(s)* is sent to the subject. The subject should review the report for accuracy, including current address, telephone number, and place of employment.

Subjects may not submit changes to reports. If any information in a report is inaccurate, the subject must contact the reporting entity to request that it file a correction to the report.

If the reporting entity refuses to correct the report, the subject of a report may:

- Add a statement to the report.
- Initiate a dispute of the report.
- Add a statement and initiate a dispute.

For more information about the NPDB dispute process, see Chapter F, Disputes.

Questions and Answers

1. **How do I correct my address if it is wrong in a report?**

You must contact the reporting entity (identified in both the *Notification of a Report in the NPDB* and *Self-Query Response* document) and request that the entity correct the address on the report. If the entity does not honor your request to correct the inaccurate address, you can dispute the report.

2. **I am a practitioner who personally refunded a fee to a patient. Is this refund reportable to the NPDB?**

No. A refund from a practitioner's personal funds is not reportable. However, if the refund is paid by an insurer or any entity other than an individual practitioner (including a professional services corporation comprised of a sole practitioner), the refund is reportable. For more information concerning NPDB reporting requirements, see Chapter E, Reports.

3. **Can a hospital, State licensing board, or medical malpractice insurer require that I give them the results of a self-query?**

The response you receive to a self-query is yours to do with as you wish. Various licensing, credentialing, and insuring entities may require a copy of your query before you may participate in their programs. Any arrangement between you and one of these entities is voluntary. HHS does not regulate such arrangements. *However, a copy of a subject self-query does not satisfy a hospital's legal requirement to query.*