

## What is an Eligible Entity?

Entities entitled to participate in the National Practitioner Data Bank are defined in the provisions of Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and in the regulations codified at 45 CFR Part 60. Eligible entities are responsible for meeting Title IV reporting and/or querying requirements, as appropriate. Each eligible entity must certify its eligibility in order to report to and/or query the NPDB.

Information from the NPDB is available to State licensing boards, hospitals and other health care entities, professional societies, certain Federal agencies, and others as specified in the law. The NPDB collects information related to the professional competence and conduct of physicians, dentists, and, in some cases, other health care practitioners.

To be eligible to **query** the NPDB, an entity must be:

- A board of medical examiners or other State licensing board.
- A hospital.
- A health care entity that provides health care services **and** follows a formal peer review process to further quality health care.
- A professional society that follows a formal peer review process to further quality health care.

To be eligible to **report** to the NPDB, an entity must be one of the following:

- An entity that makes a medical malpractice payment.
- A board of medical examiners or a State licensing board taking an adverse action against a physician or dentist.
- A health care entity that takes an adverse clinical privileging action as a result of professional review.
- A professional society that takes an adverse membership action as a result of professional review.

Each entity is responsible for determining its eligibility to participate in the NPDB and must certify that eligibility to the NPDB in writing.

## Defining Health Care Entities

Health care entities include hospitals and other organizations that provide health care services and follow a formal peer review process in order to further quality health care. See §60.3 of the NPDB Regulations. A link to the NPDB Regulations is included in Appendix B of this *Guidebook*.

### Hospitals

A hospital is defined under Section 1861(e)(1) and (7) of the *Social Security Act* as an institution primarily engaged in providing, by or under the supervision of physicians, to inpatients: diagnostic and therapeutic services; rehabilitation services for medical diagnosis, treatment, and care; or rehabilitation of injured, disabled, or sick persons.

Hospitals must be licensed or approved as meeting the standard established for licensing by the State or applicable local licensing authorities.

### Other Health Care Entities

A health care entity must provide health care services and follow a formal peer review process to further quality health care.

The phrase “provides health care services” means the delivery of health care services through any of a broad array of coverage arrangements or other relationships with practitioners either by employing them directly, or through contractual or other arrangements. This definition specifically excludes indemnity insurers that have no contractual or other arrangement with physicians, dentists, or other health care practitioners.

Examples of other health care entities may include health maintenance organizations (HMOs), preferred provider organizations (PPOs), group practices, nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers.

**In addition to HMOs and PPOs, other managed care organizations may qualify as health care entities. A health care entity must provide health care services *and* follow a formal peer review process to further quality health care to satisfy the eligibility requirements of Title IV.**

Examples of hospitals and other health care entities are listed in the table that follows.

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## Examples of Hospitals and Other Health Care Entities

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### Hospitals

- All Federal and non-Federal short-term care general and specialty hospitals that are licensed or otherwise authorized by the State.
- All Federal and non-Federal long-term care general and specialty hospitals that provide diagnostic and/or therapeutic care under the supervision of a physician and/or psychologist, that are licensed or otherwise authorized by the State.
- A long-term skilled nursing facility that is licensed as a hospital by the State, as long as care is provided under the supervision of a physician or psychologist.
- A hospice that provides skilled nursing and comfort care under the supervision of a physician and which is licensed by the State.

### Other Health Care Entities

- Ambulatory or outpatient care centers, even when otherwise part of a hospital.
  - “One-day surgery” centers, even when otherwise part of a hospital.
  - Nursing homes that provide skilled nursing care not under the supervision of a physician or psychologist.
  - Hospices that provide care not under the supervision of a physician or psychologist.
  - Nursing homes or hospices that provide only daily care.
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### Defining Professional Societies

A professional society is a membership association of physicians, dentists, or other health care practitioners that follows a formal peer review process for the purpose of furthering quality health care.

Examples of professional membership societies may include national, State, county, and district medical and dental societies and academies of medicine and dentistry. Examples of professional organizations that ordinarily do not meet the definition of a professional society include medical and surgical specialty certification boards, independent practice associations (IPAs), and PPOs.

Professional societies are not automatically eligible to query and/or report to the NPDB. A professional

society must qualify as a “health care entity” as defined in §60.3 of the NPDB regulations. To meet NPDB eligibility requirements, a professional society must follow a formal peer review process for the purpose of furthering quality health care.

### Defining State Licensing Boards

A State licensing board, or board of medical examiners, is responsible for licensing, monitoring, and disciplining physicians, dentists, or other health care practitioners. A board of medical examiners includes a medical or dental board, a board of osteopathic examiners, a composite board, a subdivision, or an equivalent body as determined by the State.

## Defining Medical Malpractice Payers

A medical malpractice payer is an entity that makes a medical malpractice payment for the benefit of physicians, dentists, or other health care practitioners in settlement of or in satisfaction in whole or in part of, a claim or judgment against such practitioner.

## Registering with the NPDB

Eligible entities are responsible for meeting Title IV reporting and/or querying requirements. Entities not currently registered with the NPDB are responsible for determining their eligibility and registering with the NPDB by completing an *Entity Registration* form. A Data Bank Identification Number (DBID), a user ID, and a password are issued to each successfully registered entity. An entity that does not have this information is not registered with the NPDB and will be unable to submit reports and queries.

The *Entity Registration* form may be downloaded from the NPDB-HIPDB web site at [www.npdb-hipdb.com](http://www.npdb-hipdb.com). The *Entity Registration* form allows entities to register simultaneously for both the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). The information requested on this form provides the NPDB with essential information concerning your entity, such as your organization's name, address, Federal Taxpayer Identification Number (TIN), and type of ownership; your organization's authority to participate in the NPDB and the HIPDB under each of the statutes governing the Data Banks (Title IV for the NPDB; and Section 1128E for the HIPDB); your organization's primary function or service

(e.g., entity type); and, for those entities authorized by law to query both Data Banks, whether queries are to be submitted to the NPDB only, to the HIPDB only, or to both Data Banks. This information allows the NPDB to register your entity's authorization to participate in the NPDB, and to determine your entity's reporting and/or querying requirements and restrictions.

## Certifying Official

A certifying official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB.

The *Entity Registration* form contains certification information that must be completed by an entity's certifying official. The entity's certifying official certifies the legitimacy of the registration information provided to the NPDB. The certification section must contain an original ink signature and a signature date. Faxed, stamped, or photocopied signatures are unacceptable. The title of the certifying official, a telephone number, and an e-mail address must also be provided.

Once the completed *Entity Registration* form is received and processed, the NPDB assigns a unique, confidential DBID and password and sends an *Entity Registration Verification* document to the entity. This document contains the entity's confidential DBID, user ID, and password, as well as the information that was provided to the NPDB on the *Entity Registration* form. The certifying official should read the document carefully and, if the document contains any errors, follow the instructions provided on the document for correcting the inaccurate information.

The certifying official may also designate an authorized agent to query and/or report on behalf of the entity by completing an *Authorized Agent Designation* form and submitting it to the NPDB. (Specific responsibilities of authorized agents are described on page B-7.)

## Entity Recertification

The NPDB periodically requires entities to recertify their eligibility. At these times, the NPDB sends to each active entity the current identification information on file with the NPDB. The entity's certifying official should review the information to ensure that it is correct, indicate the entity's applicable certification statement, sign the document, and return it to the NPDB.

## Data Bank Identification Numbers (DBIDs)

Each entity that registers with the NPDB is assigned a unique DBID and password as well as an initial user ID. DBIDs are used to identify registered entities and authorized agents, and must be provided on all reports, queries, and correspondence submitted to the NPDB.

A DBID is a link into the NPDB computer system and should be safeguarded to prevent inadvertent disclosure. It is revealed only to the entity or agent to which it is assigned. In the event that your entity's DBID is compromised, follow the instructions in the **Deactivate a DBID** section.

The assignment of a DBID is not a representation by HHS that an entity meets the eligibility criteria for participation in the NPDB, as specified in the *Health Care Quality Improvement Act of 1986*, as

amended, and its implementing regulations, 45 CFR Part 60. Each entity is responsible for determining whether it meets the eligibility criteria and for certifying its eligibility to the NPDB.

DBIDs are assigned only to entities that certify their eligibility to the NPDB and to authorized agents who act on behalf of registered entities. **DBIDs are not assigned to certifying officials, authorized submitters or other individuals associated with a reporting or querying entity.** However, entities may create multiple user accounts (user IDs) for a given DBID (see the User ID section in this chapter). For each user ID that an entity establishes, the entity must also create a separate password. For more information on establishing multiple user IDs, refer to the NPDB-HIPDB web site.

## Deactivate a DBID

An eligible entity may request at any time that its current DBID be deactivated and a new DBID assigned by selecting the Assign New DBID or Deactivate DBID boxes on the *Entity Registration* form and completing the required sections. For instance, if you believe that your entity's DBID has been compromised in any way, or if your entity merges with another entity, you may wish to deactivate your DBID and request a new one. You must provide your reason for requesting a new DBID on the completed form when it is returned to the NPDB for processing.

Additionally, if at any time, your entity relinquishes eligibility to participate in the NPDB, your entity's certifying official must notify the NPDB in writing to deactivate your entity's DBID. The *Entity Registration* form, which can be retrieved from the NPDB-HIPDB web site, must be

used to request deactivation. The Deactivate DBID option must be checked and the required sections of the form completed. The reason for deactivation must be provided on the completed form when it is returned to the NPDB for processing.

### **Reactivate a DBID**

If your entity's DBID is currently inactive and you determine that it should be active, your entity's certifying official should complete an *Entity Registration* form. Select the Reactivate an Entity option on the form to request that the DBID be reactivated. The reason for reactivation must be provided on the completed form when it is returned to the NPDB for processing.

### **User IDs**

Entities can create multiple user accounts so that multiple departments/people can use the same DBID for querying and reporting. User IDs are created and maintained through the IQRS. The user ID an entity receives when it initially registers with the Data Banks is the administrator account. The administrator oversees all other user IDs and is the only user that may add, update, and remove other user accounts (user IDs). If an entity has only one person who uses the IQRS, the entity may choose to use the administrator account as its regular user account. For more information on establishing multiple users, see the NPDB-HIPDB web site.

### **Update Entity Information**

If your entity's name, address, statutory authority, organization type, certifying official, or any other item of your

registration information changes, your entity's certifying official should obtain and complete an *Entity Registration* form from the website, and select the Change Entity Information option.

You may update selected profile information via the IQRS. After logging in to the IQRS, you will see the *Entity Registration Confirmation* screen. Select a button at the bottom of the screen called *Update Entity Profile*. You will be able to change the following information: department name, mailing address, e-mail address, and Taxpayer Identification Number (TIN). To update any other entity information, complete and mail an *Entity Registration* form as described above.

When the NPDB receives updated entity information, the updated information is processed into the NPDB computer system and an *Entity Registration Verification* document, reflecting the changes submitted, is mailed to the entity's certifying official. The certifying official should read the document carefully. If the document contains any errors, follow the instructions provided on the document for correcting the inaccurate information.

### **Lost Your DBID?**

If you cannot remember your DBID, contact the NPDB-HIPDB Customer Service Center for assistance.

### **Organizations That May Report and Query on Behalf of Entities**

Authorized submitters or authorized agents may submit queries and reports and retrieve responses from the NPDB on behalf of registered entities.

## Authorized Submitter

An authorized submitter is the individual selected and empowered by a registered entity to certify the legitimacy of information provided in a query or report to the NPDB. In most cases, the authorized submitter is an employee of the organization submitting the report or query, such as an administrator, a risk manager, or medical staff services personnel. The NPDB does not assign DBIDs to authorized submitters.

Entities are responsible for selecting their authorized submitter, and the submitter may change at any time. Entities may choose to have multiple submitters. For example, an entity may designate a particular individual within the organization to be the authorized submitter for reporting and another individual to be the authorized submitter for querying. The authorized submitter is often the individual designated by the organization to submit and retrieve report and/or query responses from the NPDB. However, personnel may be designated as desired. Entities are not required to register the authorized submitter or to identify that person by name to the NPDB in advance, although the authorized submitter must provide his or her name, title and phone number at the time a query or report is submitted.

## Authorized Agents

Registered entities may elect to have outside organizations query or report to the NPDB on their behalf. Such an organization is referred to as an authorized agent. In most cases, an authorized agent is an independent contractor used for centralized credentialing, for example, a county medical society, a State hospital association, a credentials verification

organization (CVO), or organizations that may be used for centralized credentialing or professional oversight, such as the National Council of State Boards of Nursing and the Federation of Chiropractic Licensing Boards.

Entities must ensure that certain guidelines are followed when designating an authorized agent to query or report on their behalf. The entity should establish a written agreement with that authorized agent confirming the following:

- The agent is authorized to conduct business in the State.
- The agent's facilities are secure, ensuring the confidentiality of NPDB responses.
- The agent is explicitly prohibited from using information obtained from the NPDB for any purpose other than that for which the disclosure was made. For example, two different health care entities designate the same authorized agent to query the NPDB on their behalf. Both health care entities wish to request information on the same practitioner. The authorized agent must query the NPDB **separately** on behalf of each health care entity. The response to an NPDB query submitted for one health care entity cannot be shared with another health care entity.
- The agent is aware of the sanctions that can be taken against the agent if information is requested, used, or disclosed in violation of NPDB provisions.
- Authorized agents are not eligible to access information in the NPDB under their own authority. These

organizations and other organizations that do not meet the statute's specific query eligibility criteria may only interact with the NPDB as authorized agents. Authorized agents may only query the NPDB with the authorization of an eligible entity (i.e., the eligible entity must designate the authorized agent to act on its behalf by completing the *Authorized Agent Designation* form) for specifically designated and limited purposes.

The authorized agent must have a copy of the most recent *Guidebook* (which includes the regulations and the civil money penalty regulations of the Office of Inspector General (OIG), HHS, at 42 CFR Part 1003) and should be aware of the sanctions that can be taken if information is requested, used, or disclosed in violation of NPDB provisions. The *Health Care Quality Improvement Act* and the OIG's civil money penalty regulation authorizes a penalty of up to \$11,000 for each violation.

### **Designating Authorized Agents**

Before an authorized agent may act on behalf of an entity, the entity must designate the agent to interact with the NPDB on its behalf. Registered entities that want to designate an authorized agent should obtain an *Authorized Agent Designation* form from the NPDB-HIPDB web site. The entity must complete the form, providing the authorized agent's name, DBID (if known), address, and telephone number; and the entity's response routing and fee payment preferences, and return it to the NPDB.

Authorized agents must be registered with the NPDB before they can be designated to report and/or query on behalf of eligible entities. If the agent is not registered with

the NPDB, the agent must obtain an *Authorized Agent Registration* form from the NPDB-HIPDB web site. Once the agent is registered, a DBID and a password is assigned to that agent, and the entity can designate that agent to report and query on its behalf.

NPDB responses to reports and queries submitted by an authorized agent will be routed to **either** the eligible entity **or** its authorized agent, as indicated by the entity on the *Authorized Agent Designation* form. If the entity wishes to retrieve responses itself from the Integrated Querying and Reporting Service, the entity must have access to the Internet (i.e., an Internet Service Provider) and an appropriate web browser. Requirements for using the Integrated Querying and Reporting Service can be found on the NPDB-HIPDB web site.

In addition, a plug-in or stand-alone program that can read files in Portable Document Format (PDF) is required, such as Adobe Acrobat Reader 4.0.

An authorized agent should have only one DBID, even though more than one entity may designate the agent to query and report to the NPDB. If an authorized agent has been issued more than one DBID, the authorized agent should obtain an *Authorized Agent Registration* form from the NPDB-HIPDB web site, indicate which DBID it intends to use, and request that any other DBIDs be deactivated.

Any changes to an authorized agent designation, such as a change to response routing or termination of an authorized agent's authorization to query and report on an entity's behalf, must be submitted by the entity. If changes in an authorized agent designation are required, the entity should obtain an *Authorized Agent*



*Designation* form from the NPDB-HIPDB web site, select the Update Previous Agent Designation option on the form, complete the form as directed, and return it to the NPDB.

All forms should be mailed to the NPDB:

NPDB-HIPDB  
P.O. Box 10832  
Chantilly, VA 20153-0832

### Questions and Answers

**1. How do I know if my organization is an eligible entity?**

See §60.3, Definitions, of the NPDB Regulations. A link to the NPDB Regulations is included in Appendix B of this *Guidebook*.

**2. Can the NPDB certify or verify that my organization is eligible to report or query?**

Each entity must determine its own eligibility to participate in the NPDB. The assignment of a DBID is not a representation by HHS that your organization meets the eligibility criteria for participation in the NPDB, as specified in the *Health Care Quality Improvement Act of 1986*, as amended, and its implementing regulations, 45 CFR Part 60. The NPDB Regulations, included as Appendix B, describe the criteria for eligibility. Other informational materials designed to help you determine your organization's eligibility can be obtained from the NPDB-HIPDB web site.

**3. Does my organization have to notify the NPDB when we have a new certifying official?**

Yes. The eligible entity gives the certifying official authority to certify the legitimacy of registration information provided to the NPDB. The person authorized by the entity to act as the certifying official may change at any time at the discretion of the entity. However, the NPDB makes a record of the staff title and name of the individual assigned as the certifying official and should be notified when changes occur.

**4. My hospital merged with another hospital, and both have medical staff offices. Should we continue to query separately using two different DBIDs?**

If the hospitals maintain separate medical staff credentialing, the hospitals should query separately. If by applying to one hospital a practitioner is granted privileges to practice at both institutions, one hospital should query on behalf of both institutions. However, both hospitals should be aware that if one DBID is deactivated, the NPDB will maintain only one hospital address and only one "electronic address." For more information on query responses, see Chapter D, Queries.

5. **My organization provides a resource that identifies practitioners who meet minimum standards as established by the organization. Does producing this list make my organization eligible to participate in the NPDB?**

In order to be eligible to participate in the NPDB, an organization must meet the definition of a State licensing board, a hospital, or other health care entity, including a professional society, as defined in this *Guidebook*. If your organization does not confer rights or responsibilities of membership on a practitioner and conduct formal peer review, it does not meet the definition of a professional society as described in the NPDB Regulations and is not eligible to participate in the NPDB.

6. **If my organization queries the NPDB, is it also required to report? Conversely, if my organization reports to the NPDB, is it automatically eligible to query?**

Not necessarily. See Chapters D and E, Queries and Reports, respectively, for discussions on querying and reporting eligibility criteria.

7. **Are PPOs eligible to participate in the NPDB?**

PPOs would normally be considered as “providing” health care services. If a PPO conducts formal peer review to further quality health care, it would be eligible to participate in the NPDB.

8. **Can my organization have more than one DBID?**

If you have multiple departments or people who handle NPDB querying and/or reporting, you may register each department or person separately and receive separate DBIDs for each one. However, departments or people with different DBID cannot assist one another other (i.e., one department cannot download a response from a query entered by another department with a different DBID). Also, special care must be taken to be sure that the same query or report is not submitted twice.

Rather than registering for multiple DBIDs, an entity may choose instead to simply create multiple user accounts (i.e., user IDs) under the organization’s DBID. Using the IQRS, an entity can establish as many user accounts as necessary, and can deactivate those accounts itself when needed without deactivating its DBID.