

**HEALTHCARE INTEGRITY AND PROTECTION
DATA BANK (HIPDB)**

**INTERFACE CONTROL DOCUMENT (ICD) FOR
JUDGMENT OR CONVICTION REPORT (JO CR)
XML TRANSACTIONS**

Version 1.07

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Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks
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The table below identifies changes that have been incorporated into each baseline of this document.

Date	Version #	Change Description
10/17/2005	1.01	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.01. Effective October 17, 2005, this ICD version 1.01 replaces version 1.0. The changes in this version are indicated below:</p> <p>Rules of Behavior</p> <ul style="list-style-type: none"> Added an appendix that describes the Rules of Behavior. See Appendix B. <p>Occupation/Field of Licensure Codes</p> <ul style="list-style-type: none"> Modified the Heading Nurses Aide/Home Health Aide to Nurse Aide, Home Health Aide and Other Aide. See List D. Added the New Codes 148, 165, 175 under the Heading Nurse Aide, Home Health Aide and Other Aide. See List D. Added the New Code 470 under the Heading Speech, Language, and Hearing Service Provider. See List D. <p>Error Codes</p> <ul style="list-style-type: none"> Modified error code descriptions and added new error codes. See Section 4.5, List K.
5/8/2006	1.02	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.02. Effective May 8, 2006, this ICD version 1.02 replaces version 1.01. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> The Data Banks' Web site is now located at www.npdb-hipdb.hrsa.gov. The Data Banks are using a .gov domain name to help prevent fraud by showing Data Banks' users that the NPDB-HIPDB Web site is under the Government-run domain. Please update your Internet bookmarks to reference the .gov address for the Data Banks' Web site. NPDB-HIPDB Web site references in this document now refer to the new Web site address. Due to the NPDB-HIPDB Web site address change, all ITP and QRXS client programs must be upgraded to a new version. Updated client programs are now available on the NPDB-HIPDB Web site. While the current versions of the ITP and Querying and Reporting XML Service (QRXS) client programs will continue to function for a limited time, all ITP and QRXS users must upgrade their client program to the new version no later than September 18, 2006.

Date	Version #	Change Description
7/31/2006	1.03	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.03. Effective July 31, 2006, this ICD version 1.03 replaces version 1.02. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> Removed unused error codes and added error code AF. See Section 4.5, List K.
	1.04	Not Publicly Released.
3/31/2008	1.05	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.05. Effective March 31, 2008, this ICD version 1.05 replaces version 1.03. The changes in this version are indicated below:</p> <p>Password Change Transaction Specifications</p> <ul style="list-style-type: none"> Created ability for users to change passwords using the QRXS. See the Interface Control Document (ICD) for Password Change XML Transactions, and Section 1. <p>Data Bank Correspondence</p> <ul style="list-style-type: none"> Created ability for the Data Banks to send text-based messages to individual users with an entity. See Sections 1.2.4, 2.2.4, 3.45 and 3.46, and Table 4-1. <p>Support for International Telephone Numbers</p> <ul style="list-style-type: none"> Added support for international telephone numbers. See Table 4-1. <p>Expanded Narrative Description Elements</p> <ul style="list-style-type: none"> Expanded narrative description elements from 2,000 to 4,000 characters. See Table 4-1. <p>Reporting Compliance Notice</p> <ul style="list-style-type: none"> Added a Data Bank Reporting Compliance Notice to Initial and Revision to Action Report responses indicating whether the submitted report was filed with the Data Banks within the timeframe required by law. See Sections 3.25 and 3.28, and Table 4-1. <p>Correction of Revision to Action Reports</p> <ul style="list-style-type: none"> Created ability to correct a Revision to Action Report without voiding the Revision to Action and resubmitting a new report. See Table 4-1, and List L.

Date	Version #	Change Description
		<p>Report Change Notifications</p> <ul style="list-style-type: none"> Created ability for the reporting entity to receive QRXS-based report change notifications. Report change notifications will also be available through the IQRS. The entity will continue to receive paper notifications through the mail. The IQRS allows the entity administrator to opt out of receiving paper versions of report change notifications. See Sections 1.2.2, 2.2.3, 3.43, and 3.44, Table 4-1, and Lists M and N. <p>Reporting Entity's Current Contact Information</p> <ul style="list-style-type: none"> Created the ability to return the reporting entity's current contact information related to a report. See Sections 3.30 and 3.32, Table 4-1, and List O. <p>Related Report Information for Revision to Action Reports</p> <ul style="list-style-type: none"> Created the ability to return the information about the related report for Revision to Action Reports. See Section 3.33 and Table 4-1. <p>Error Codes</p> <ul style="list-style-type: none"> Removed error code F4. See List K. Expanded the error message element from 2,000 to 4,000 characters. See Table 4-1.
3/31/2008	1.05.01	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.05.01. Effective March 31, 2008, this ICD version 1.05.01 replaces version 1.05. The changes in this version are indicated below:</p> <p>Error Codes</p> <ul style="list-style-type: none"> Added new error codes CG and F9. See Section 4.5, List K.
6/16/2008	1.06	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.06. Effective June 16, 2008, this ICD version 1.06 replaces version 1.05.01. The changes in this version are indicated below:</p> <p>Individual, Section 3.9, Figure 14</p> <ul style="list-style-type: none"> Changed the maximum number of other Occupation and Licensures from 9 to 19.
6/16/2009	1.06.01	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.06.01. Effective June 16, 2008, this ICD version 1.06.01 replaces version 1.06. The changes in this version are indicated below:</p> <p>Individual, Section 3.9, Figure 14</p> <ul style="list-style-type: none"> Changed the maximum number of other Occupation and Licensures from 19 to 59.

Date	Version #	Change Description
		Data Dictionary Elements <ul style="list-style-type: none">Changed the description of the previousTransaction data element. See Table 4-1.
9/2/2008	1.07	<p>Below is a summary of changes to the Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) XML Transactions version 1.07. Effective September 2, 2008, this ICD version 1.07 replaces version 1.06.01. The changes in this version are indicated below:</p> <p>Error Codes. See Section 4.5, List K.</p> <ul style="list-style-type: none">Added error code CV.Modified description for error code 20.

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1. Overview

1.1 Introduction

This Interface Control Document (ICD) provides information concerning the format, structure, and content of electronic files for submitting Judgment or Conviction Reports (JOCRs) via the Querying and Reporting XML Service (QRXS) client program to the Healthcare Integrity and Protection Data Bank (HIPDB).

There are three methods for submitting reports to the HIPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an XML transaction file submission, the QRXS with data provided in the format specified in this ICD.
- Through an electronic transaction file submission, the ICD Transfer Program (ITP), with the data provided in the format specified in *Interface Control Document (ICD) for Judgment or Conviction Report (JOCR) Transactions*, available at www.npdb-hipdb.hrsa.gov/itp.html. For new users that wish to submit JOCRs electronically, the QRXS is the recommended method.

The IQRS is the primary method of report submission. The IQRS allows reporters to submit single reports through a Web-based interface using a browser. In addition, users can create draft versions of reports prior to submission. The IQRS also provides data validation capabilities and allows maintenance of a subject database for subsequent query or report submissions. Submission by QRXS is an alternative for those reporters who generate reports from custom (third-party) software or other special purpose software.

To report to the HIPDB, an entity must be authorized under Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the HIPDB. Certain entities also must report to the National Practitioner Data Bank (NPDB). To report to the NPDB, an entity must be authorized under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60, and must be registered with the NPDB. Attempts to access the Data Banks by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute. Do not attempt to access the Integrated Querying and Reporting Service (IQRS) or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting (i.e., reporting) health care related criminal convictions and civil judgments JOCRs to the HIPDB. Adverse actions must be reported to the HIPDB using the Adverse Action Report (AAR) Transaction Specifications. These include the following: Federal and State licensure and certification actions, exclusions from Federal and State health care programs, and other adjudicated actions or decisions as established by regulation (including actions taken by health plans and Federal and State agencies). Other adverse actions that are reportable to the NPDB include State licensure actions taken against physicians and dentists, as well as clinical privileges and professional society membership actions taken against health care practitioners. Medical Malpractice Payment Reports (MMPRs) must be submitted to the NPDB using the MMPR Transaction Specifications. Password change transactions must be submitted to the Data Banks using the Password Change Transaction Specifications. To query the NPDB, the HIPDB, or both Data Bank(s), you may use the IQRS, or use the ICD for Query Transactions with the ITP Interface, available at www.npdb-hipdb.hrsa.gov/itp.html. Only authorized and registered users are permitted to query the Data Bank(s).

Use of the procedures outlined in this ICD signifies acceptance of the Disclaimer in Appendix A and the Rules of Behavior in Appendix B. Should you have questions concerning your responsibilities, please contact the Customer Service Center immediately as specified in Section 1.5, Contact Information.

1.2 Types of Transactions

There are four types of transaction related to reports:

1. Report submission transactions
2. Report change notification transactions
3. Password change transactions
4. Data Bank correspondence transactions

1.2.1 Report Submission And Response Transactions

All report submissions sent to the Data Bank(s) must specify the type of report. The report type will determine the format and structure of the report submission, and how the report submission is processed. Initial, Correction, and Revision to Action report submissions must include one of the codes defined for the transaction data element of the report record in Section 4.1, Data Dictionary – Elements. Notice of Appeal and Void report submissions are identified using the appeal record or the void record, as appropriate.

The types of reports are defined as follows:

Initial: The first record of a judgment or conviction report that is submitted to and processed by the HIPDB. An Initial report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.

Correction: A report that corrects an error or omission in an existing report. A Correction will supersede the contents of a current version of a report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.

Void: The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosed record.

Revision to Action: A new report that relates to and modifies a previously reported adverse action, (e.g., a change to a judicial action, such as a reduction in the sentence on appeal).

Correction of Revision to Action: A report that corrects a previously submitted Revision to Action Report. This correction will supersede the contents of a current version of the Revision to Action Report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.

Notice of Appeal: A report notifying the HIPDB that a subject has formally appealed a previously reported judgment or conviction. Reporting entities must submit a Notice of Appeal whenever a previously reported judgment or conviction is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report.

1.2.2 Report Change Notification Transactions

Once a report has been accepted by the Data Banks, it may be corrected or voided by the submitting entity. The subject of the report may also choose to dispute the report, add a statement, or request that the Secretary of Health and Human Services (HHS) review the disputed report. This transaction provides the latest version of the report to the reporting entity. This type of transaction is documented in this ICD.

1.2.3 Password Change Transactions

This transaction enables a user and an administrator to change their passwords and enables an administrator to reset a user's password. This type of transaction is documented in the Password Change Transaction Specification, which includes an ICD, XML Schema, and sample files, and is available at www.npdb-hipdb.hrsa.gov/qrxs.html.

1.2.4 Data Bank Correspondence Transactions

This transaction enables the Data Banks to communicate important messages to an entity's users. This type of transaction is documented in this ICD.

1.3 Submission of Reports to the NPDB-HIPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting JOCRs to the NPDB-HIPDB system by the QRXS and for interpreting (i.e., parsing) electronic transaction responses received from the QRXS. QRXS files submitted to the NPDB-HIPDB system will be validated against the specifications in this document, which may be amended periodically. All mandatory fields must be completed, and only values specified in this ICD may be used in coded fields. The party submitting a transaction file to the NPDB-HIPDB is solely responsible for ensuring that the file adheres to the format specified in this ICD. The Data Banks recommend that submitters use an XML Schema validator to validate the structure and format of submission files. Any file that deviates from these specifications will be rejected.

1.3.1 The QRXS Client Program

XML files are transferred electronically to and from the NPDB-HIPDB system via the QRXS client program. The QRXS client and user guide are available for download on the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov/qrxs.html. For security, all communication with the QRXS is transmitted over a secure socket layer (SSL) connection.

1.4 User Account Security

1.4.1 User Accounts

Each entity has two types of accounts to access the Data Banks, the administrator account and user accounts. The administrator account is used to create and manage the user accounts. User accounts are used to submit transactions and retrieve responses from the Data Banks. The Data Banks have established security policies in order to reduce the risk of unauthorized access to user accounts and protect the confidentiality of practitioner reports.

1.4.2 New Entity Registration Passwords

New entities that register with the Data Banks will receive registration information via U.S. mail that includes a Data Bank Identification Number (DBID), the administrator account User ID, and a temporary administrator account password. A newly registered entity is required to log in to the IQRS or QRXS and change the administrator account password within 30 calendar days of the registration verification mailing date. If an entity does not log in to the IQRS or QRXS within 30 calendar days of the registration verification mailing date, the registration password will expire, the account is automatically locked, and the administrator must contact the Data Banks to reset the password.

1.4.3 User Account Password Policies

A user must provide their organization's DBID, their user ID, and user account password each time they access the IQRS, ITP, or QRXS. If a valid password is not provided after five consecutive attempts, the

user account is locked and the user must contact the entity administrator to submit a user account password reset request. For more information, see the Password Change Transaction Specifications.

Users are required to change their account password **every 90 calendar days**. An IQRS or QRXS password change request can be submitted at any time to change an account's password. QRXS password change transactions must be submitted to the Data Banks using the Password Change Transaction Specifications. Once a password expires, a **30 calendar day** grace login period is available to allow the account password to be changed. Once a password has expired, the NPDB-HIPDB will not accept submissions and access will not be permitted to response files from that account until the account password is successfully changed. Once the grace login period is expired, the account is automatically locked and the user must use the IQRS to change the password or contact the entity administrator to reset the user's password.

NOTE: In order to use the IQRS to change a password once the grace login period has expired, a user must have an e-mail address stored in their user account in the IQRS. An e-mail will be sent to the user to enable the expired password to be changed.

To ensure the security and privacy of user account passwords when using QRXS, the response to a password change request transaction can only be downloaded by the same user account that submitted the transaction.

1.4.4 Resetting Password

When a user forgets his or her password, or is locked out of the IQRS, ITP, or QRXS, the entity administrator is responsible for providing a new Data Banks-generated temporary password to the user. A Data Banks-generated temporary password is valid for three calendar days and must be changed by the user before the user can submit transactions or retrieve response files. Only the administrator can submit and download transactions to reset user passwords using QRXS. The administrator cannot reset his or her own password. A password change transaction should be submitted instead of a password reset transaction.

To ensure that the current administrator is correctly identified in the Data Banks, he or she must log in to the IQRS and update the administrator's user account with the administrator's name, title, telephone number, and e-mail address.

If the entity's administrator forgets his or her password, or is locked out of the IQRS or QRXS, the administrator must call the NPDB-HIPDB Customer Service Center to receive a Data Banks-generated temporary password. If the administrator's name is not maintained in the administrator's IQRS user account, the company's certifying official will be required to submit a signed, faxed request for the change on company letterhead. The Customer Service Center will respond by immediately changing the old administrator password and contacting the new administrator with a Data Banks-generated temporary password and instructions for updating the administrator's user account. These temporary passwords (user and administrator) will only be valid for three calendar days. The user/administrator should change his or her password immediately; and no grace login period will be permitted.

1.4.5 Submission of Password Change/Reset Transactions to the Data Banks

The password change transactions can be submitted to the Data Banks using the Password Change Transaction Specifications, which include an ICD, XML Schema, and sample files, and is available at www.npdb-hipdb.hrsa.gov/qrxs.html.

1.5 Contact Information

Periodic updates are made to the ICD for JOCR XML Transactions by the Data Banks. To receive advance notice of QRXS news and system changes, users should join the QRXS Mailing List at www.npdb-hipdb.hrsa.gov/MailingListReg.html.

The Data Banks make an effort to notify users at least one month in advance of an update to code lists. Users should expect code lists to be updated quarterly. Additional updates to the XML Schema files are required periodically. Users will be notified six months in advance of updates to the XML Schema files. If you are already registered for the QRXS Mailing List and would like to be removed, contact the Customer Service Center.

For specific questions concerning registration or NPDB-HIPDB reporting requirements, contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may report to or query the Data Bank(s). The *Entity Registration* form, information regarding NPDB-HIPDB policies and procedures, and the specifications are available at www.npdb-hipdb.hrsa.gov.

1.6 On-line Resources

The QRXS resources are available for download at www.npdb-hipdb.hrsa.gov/qrxs.html. The Web site contains:

- This ICD, in PDF format.
- The QRXS distribution package containing the stand-alone client program that transmits files containing report data to, and receives response files from the Data Banks, as well as supporting documentation for the client program Application Programming Interface (API).
- The QRXS Client Program User Guide, in PDF format.
- The XML Schema files for this ICD.
- Sample report submission and response files for each transaction type.
- The ICD for Password Change Transactions, in PDF format.
- The XML Schema files for the ICD for Password Change Transactions.
- Sample Password Change Transactions submission and response files.

1.7 Document Organization

This document is organized into four sections and two appendices.

Section 1, Overview, contains a brief description of the ICD and information concerning user account security.

Section 2, Transaction File Formats, contains the general submission and response file formats and explains how to read the schema diagrams.

Section 3, Transaction File Data Records, contains the format for and the contents of the submission and response files.

Section 4, Reports and Data Definitions, contains the element definitions and common JOCR codes found within the schema, and it contains the list of error codes.

Appendix A, Disclaimer, specifies the terms and conditions for using this ICD. This appendix defines the limit of responsibility for the information contained in and the use of this ICD.

Appendix B, Rules of Behavior, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.

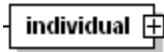
2. Transaction File Formats

Reports sent to the NPDB-HIPDB system are referred to as submission files. Responses sent by the Data Bank(s) to each reporter who submitted a report (via electronic transaction file) are referred to as response files. A submission file may contain multiple transactions. Responses are limited to one per file.

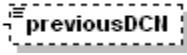
Submissions and responses are XML documents that conform to the JOCR schema written in the W3C XML Schema Language (version 1.0). The specifications (the schema and this ICD) for submission and response files are available at www.npdb-hipdb.hrsa.gov/qrxs.html. Submission files should be checked for schema compliance using an XML Schema validator prior to submission.

Section 3, Transaction File Data Records, defines the format and content of data records within a transaction file. Section 4, Reports and Data Definitions, defines each of the data elements in the file formats. The data fields required for a file depend on the type of transaction submitted and the type of subject. For example, the transaction file format for submitting an initial JOCR on an individual subject contains a different set of data records than the transaction file format for voiding a previously submitted JOCR on an organization subject. Data that are always required are indicated in the record formats in Section 3, Transfer File Data Records. Rules for data that may be optional or conditionally required are indicated in the data dictionary.


Below is a guide to the format diagrams:

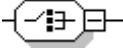
A box with a solid line  surrounds required elements.

The little box on the right side of the element displaying a “+” or “-” indicates that the element is a complex type. The “+” means that the simple elements in the complex type are not displayed in the same figure where as the “-” indicates that the simple elements are displayed.

A box with a dashed line surrounds  elements that may be optional (depending on the type of transaction).

The cardinality of an element is indicated with a range **0..4** if more than one instance may be allowed.

The symbol  denotes a schema sequence; elements in the sequence must appear in the order shown.

The symbol  denotes a schema choice; only one of the elements shown may appear in the record.

2.1 Submission File Format

A JOCR Submission file consists of a submitter record and one or more submissions. Record formats are described in Section 3, Transaction File Data Records.

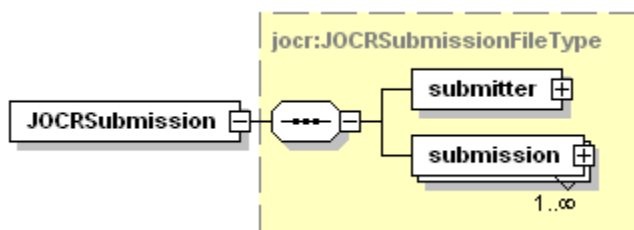


Figure 1: JOCR Submission File

2.2 Response File Formats

A valid submission will generate a response for each transaction in the Submission File. Accepted transactions result in a Report Response File. Rejected transactions result in a Report Rejection File. Report Change Notifications and Data Bank Correspondence transactions are not specifically based upon a previous report submission. Report Change Notification transactions result in a Report Change Notification Response File. Data Bank Correspondence transactions result in a Correspondence Response File.

2.2.1 Report Response

A Report Response File contains one submitter record and one response record. Record formats are described in Section 3, Transaction File Data Records.

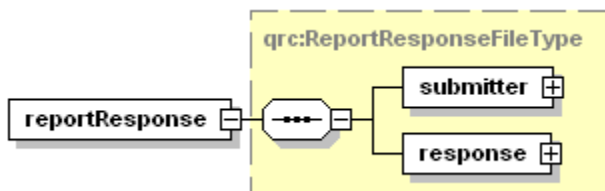


Figure 2: JOCR Report Response File

2.2.2 Report Rejection

A Report Rejection File contains one submitter record and one rejection record. Record formats are described in Section 3, Transaction File Data Records.

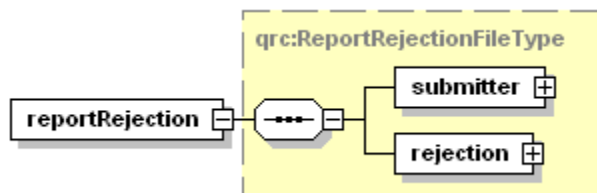


Figure 3: JOCR Report Rejection File

2.2.3 Report Change Notification

A Report Change Notification File contains one record providing general transaction information, and two records describing the reason for the notification and why the report changed, followed by one report or void record. Record formats are described in Section 3, Transaction File Data Records.

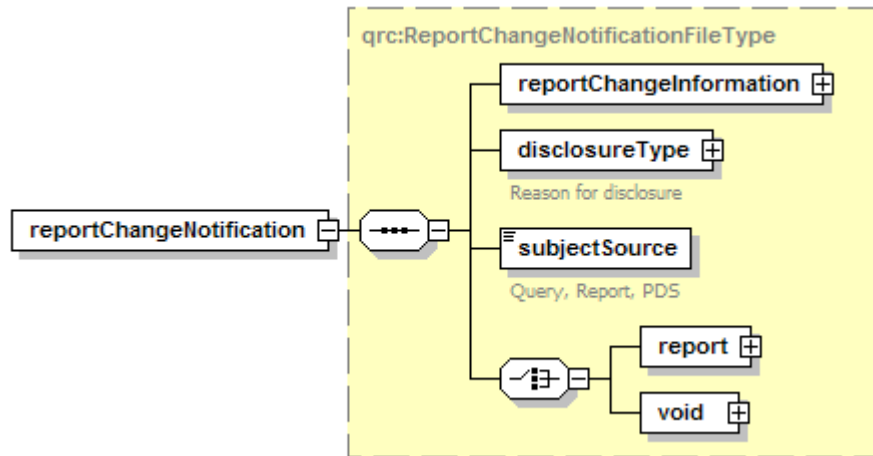


Figure 4: Report Change Notification File

2.2.4 Correspondence

A Correspondence File contains one recipient record identifying who the message is for and one response record. Record formats are described in Section 3, Transaction File Data Records.

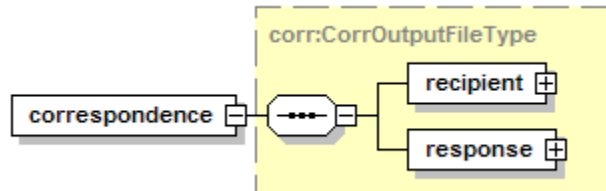


Figure 5: Correspondence File

3. Transaction File Data Records

The format and content of data records within a transaction file are defined in the W3C XML Schema Language. The specifications (the schema and this ICD) for the data records can be found on-line at www.npdb-hipdb.hrsa.gov/qrxs.html. A single data record type may be used in multiple transaction file formats.

All elements in a data record are either mandatory, or mandatory if known. Refer to Section 4, Reports and Data Definitions to determine the specific requirements for the information being reported. Mandatory fields must be completed or the report **will be rejected**. If an element is 'mandatory if known' and the reporting entity does not have the information, the field **must be omitted entirely** rather than contain a default or empty value.

The record elements are defined in Section 4.1, Data Dictionary – Elements. The description, format, and length are given for each element. An element may appear in multiple records.

Unless otherwise noted, the specified width represents the maximum number of characters allowed for the element. **All fields larger than the specified field width will be truncated**. Data values that are shorter than the specified field width should not be padded with additional characters. **Reports submitted using an incorrect record format or invalid codes will be rejected**.

The schema specifies that the UTF-8 character set must be used. Submitted reports must not contain American Standard Code for Information Interchange (ASCII) characters outside the range of 32 to 126 or the report will be rejected.

Record types are organized into logical groups using XML Schema types and namespaces. Simple and complex types (e.g., Individual Name, Address, Occupation and Licensure) that are common to the XML JOCR format specification are defined in lower-level schemas so that they can be used to define higher-level records. Some elements are described as being optional in order to provide a flexible schema that can be used to submit all action types reportable to the Data Banks. Refer to Section 4, Reports and Data to determine which elements are required.

3.1 Submitter

The Submitter Record is required for every Submission File and included in every response. The agent DBID is used by an agent submitting a report on behalf of an entity.

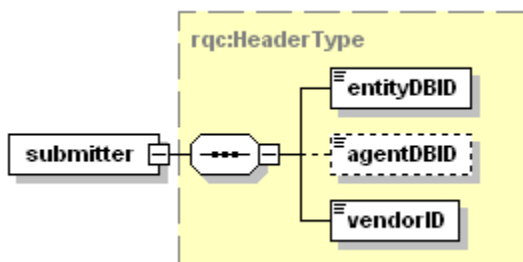


Figure 6: Submitter Record

3.2 Submission

The Submission Record contains the information for a single transaction. The record is repeated for each report submitted in the Submission File.

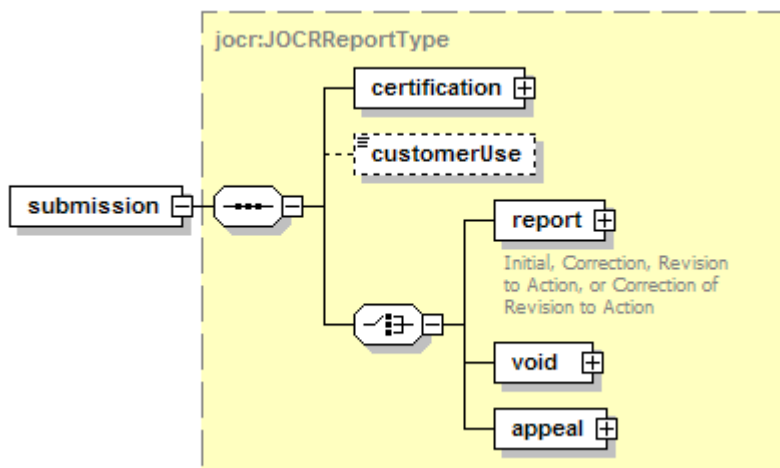


Figure 7: Submission Record

3.3 Certification

The Certification Record contains the information for the authorized submitter of the transaction or the person to contact regarding the report.

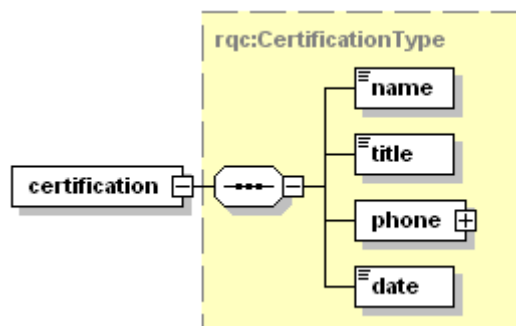


Figure 8: Certification Record

3.4 Report

The Report Record contains the subject and report data for Initial, Correction, and Revision to Action transactions.

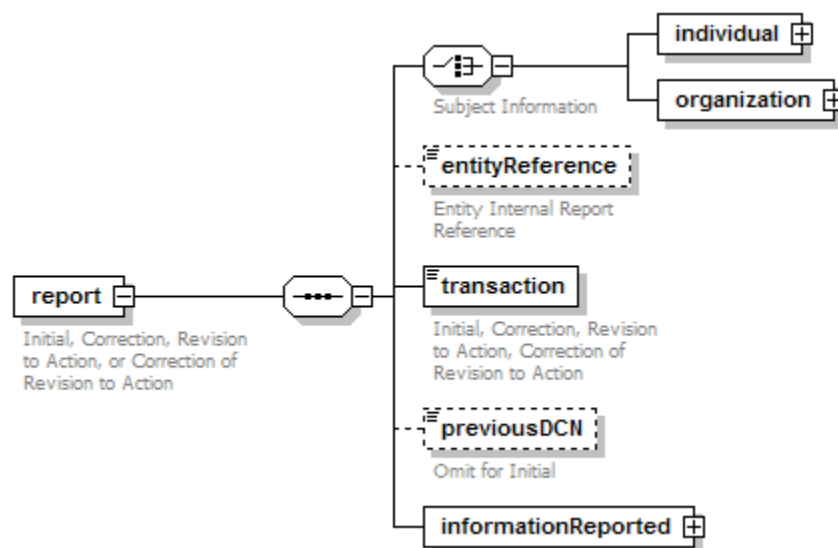


Figure 9: Report Record

3.5 Void

The Void Record contains the report number of the report that is to be voided.

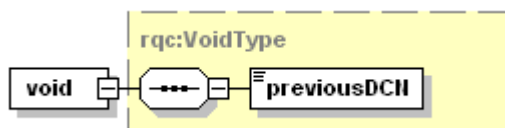


Figure 10: Void Record

3.6 Appeal

The Appeal Record contains the report number of the action that the subject is appealing and the appeal action record.

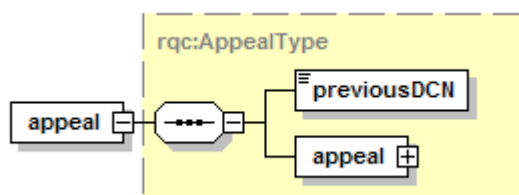


Figure 11: Appeal Record

3.7 Appeal (Action)

The Appeal (Action) Record contains the status and date of an appeal.

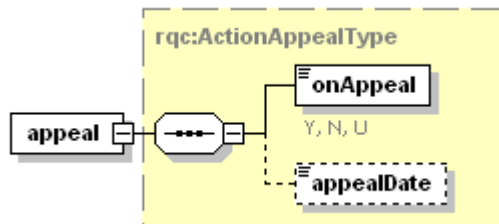


Figure 12: Appeal (Action) Record

3.8 Phone

The Phone Record contains phone number information. The phone number is required (no formatting allowed) and an optional extension may be specified.

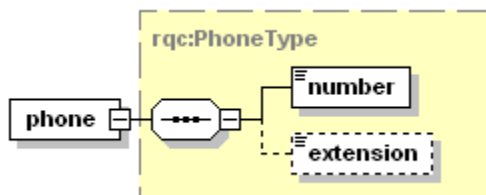


Figure 13: Phone Record

3.9 Individual

The Individual Record contains the subject information for a reported individual. Refer to the Section 4.2, Data Dictionary – Individual Subject Data for specific requirements.

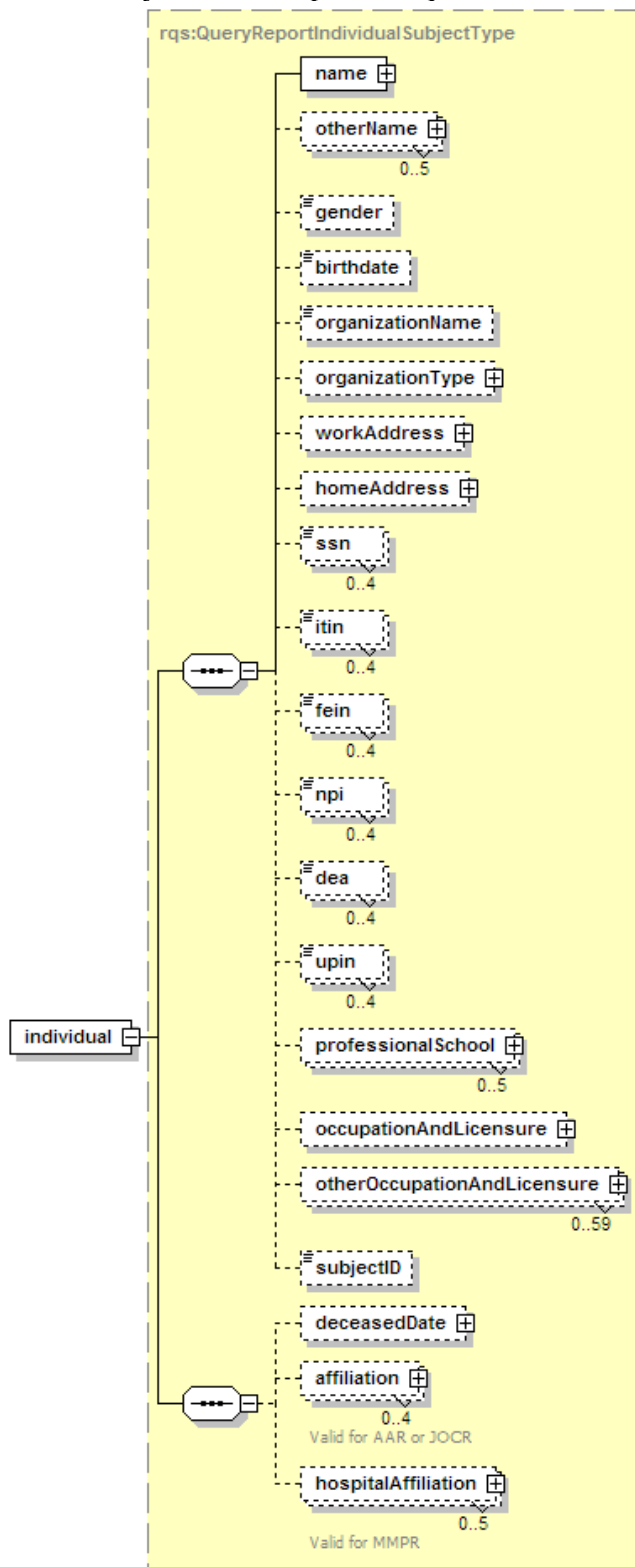


Figure 14: Individual Record

3.10 Organization

The Organization Record contains the subject information for a reported organization. Refer to Section 4.3, Data Dictionary – Organization Subject Data for specific requirements.

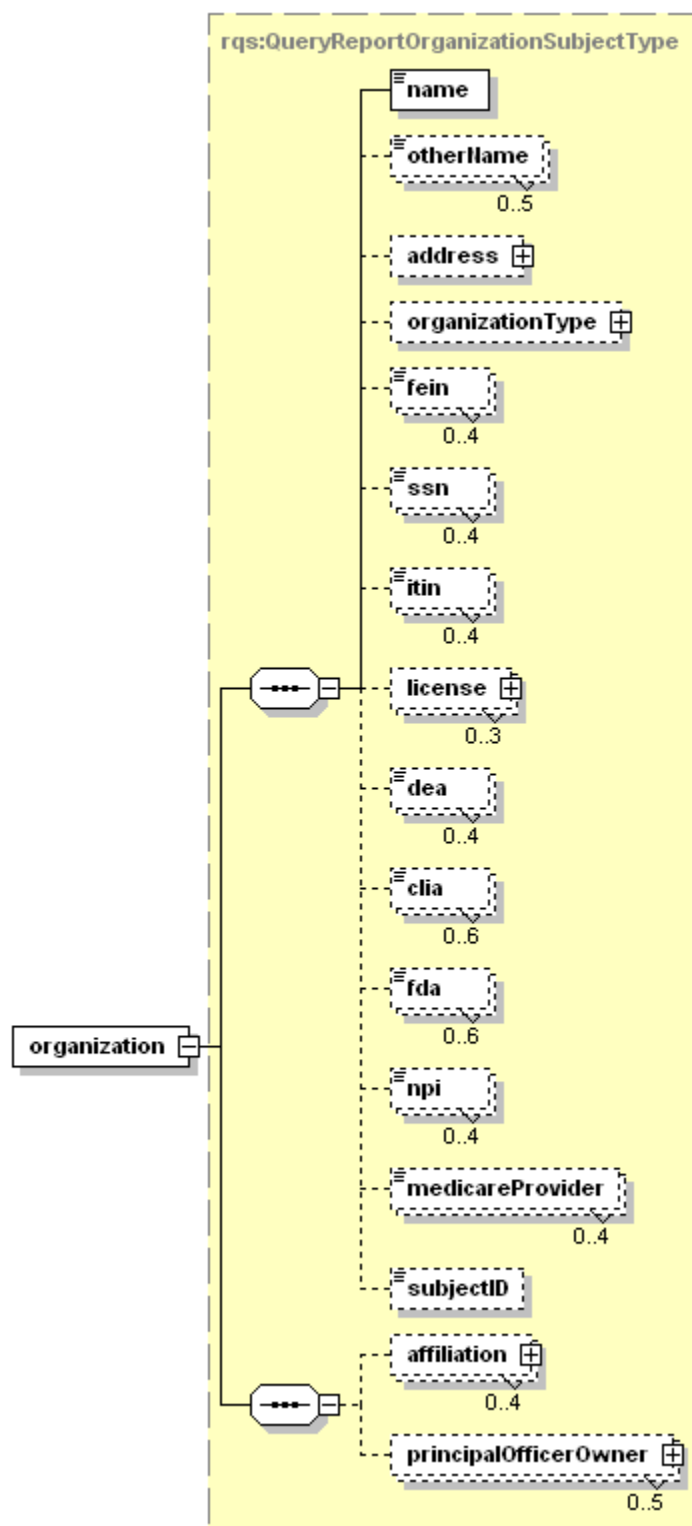


Figure 15: Organization Record

3.11 Name, Other Name

The Name Record contains the name data for an individual subject. First and last are always required for any name specified.

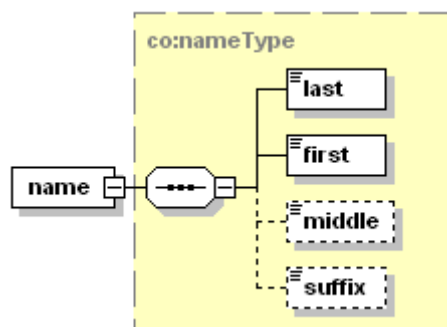


Figure 16: Name Record

3.12 Organization Type

The Organization Type Record contains the code that best describes the organization (for an organization subject) or the subject's principal place of employment (for an individual subject). An optional description field is available for organization types not specified in the type code list.

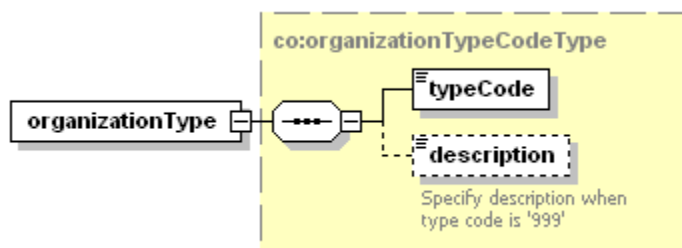


Figure 17: Organization Type Record

3.13 Work Address, Home Address, Address

The Address Type Record contains the information for a subject's address and an affiliate's address. For U.S. addresses, address, city, state, zip are required and country must be omitted. For non-U.S. addresses, address, city and country are required. See Section 4.5, List A: State Abbreviations and U.S. Territories for all rules regarding non-U.S. or military addresses.

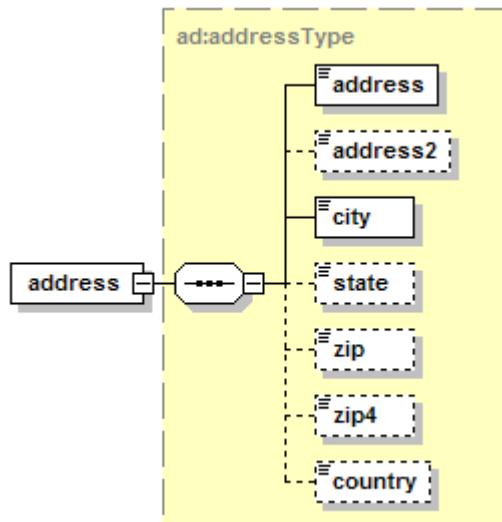


Figure 18: Address Record

3.14 Professional School

The Professional School Record is not reportable for JOCRs. Do not submit this information.

3.15 Occupation and Licensure, Other Occupation and Licensure

The Occupation and Licensure Record contains the professional occupation and licensure information for an individual subject.

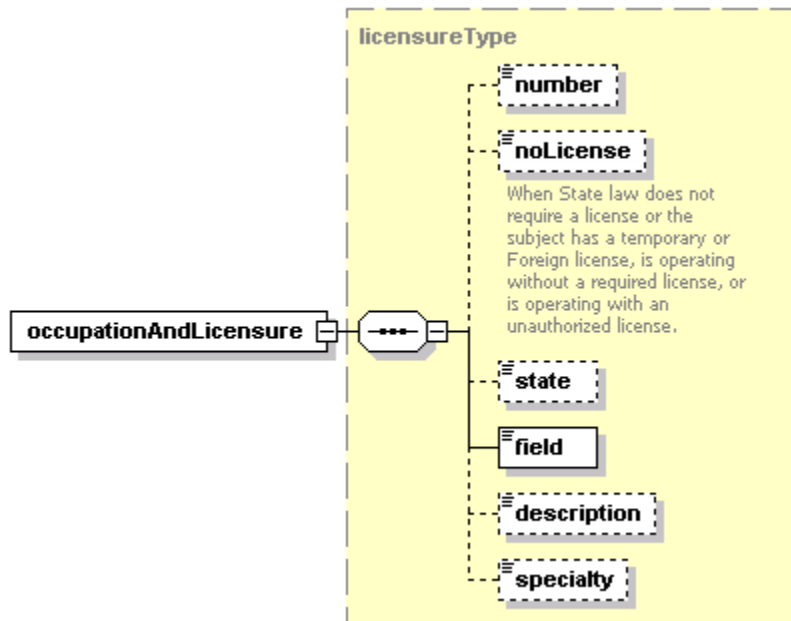


Figure 19: Occupation and Licensure Record

3.16 Deceased Date

The Deceased Date Record contains the deceased status of an individual subject.

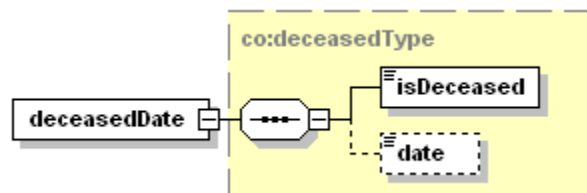


Figure 20: Deceased Date Record

3.17 Affiliation

The Affiliation Record contains the professional affiliation for a subject.

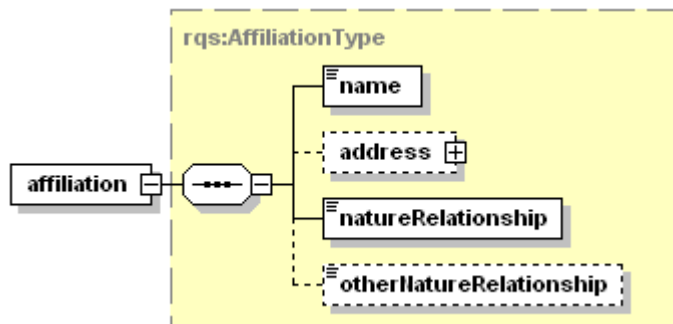


Figure 21: Affiliation Record

3.18 Hospital Affiliation

The Hospital Affiliation Record is not reportable for JOCRs; use the Affiliation Record instead.

3.19 License (Organization)

The Organization License Record contains the licensure information for an organization subject.

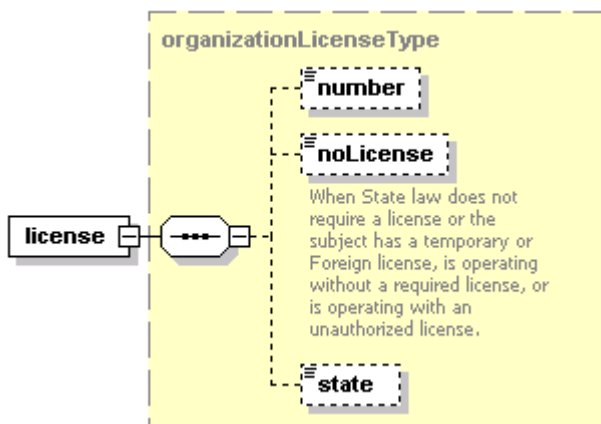


Figure 22: License Record

3.20 Principal Officer Owner

The Principal Officer Owner Record contains the officer and owner information for an organization subject.

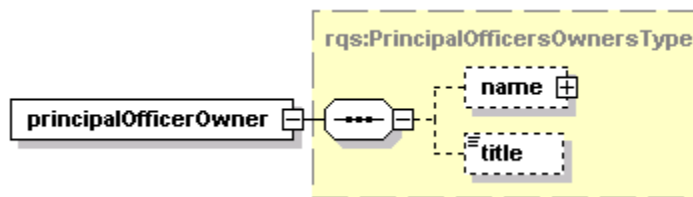


Figure 23: Principal Officer Owner Record

3.21 Information Reported (JOCR)

The JOCR Information Reported Record contains the report data for a JOCR. Refer to Section 4.4, Data Dictionary – Judgment or Conviction Data for detailed requirements.

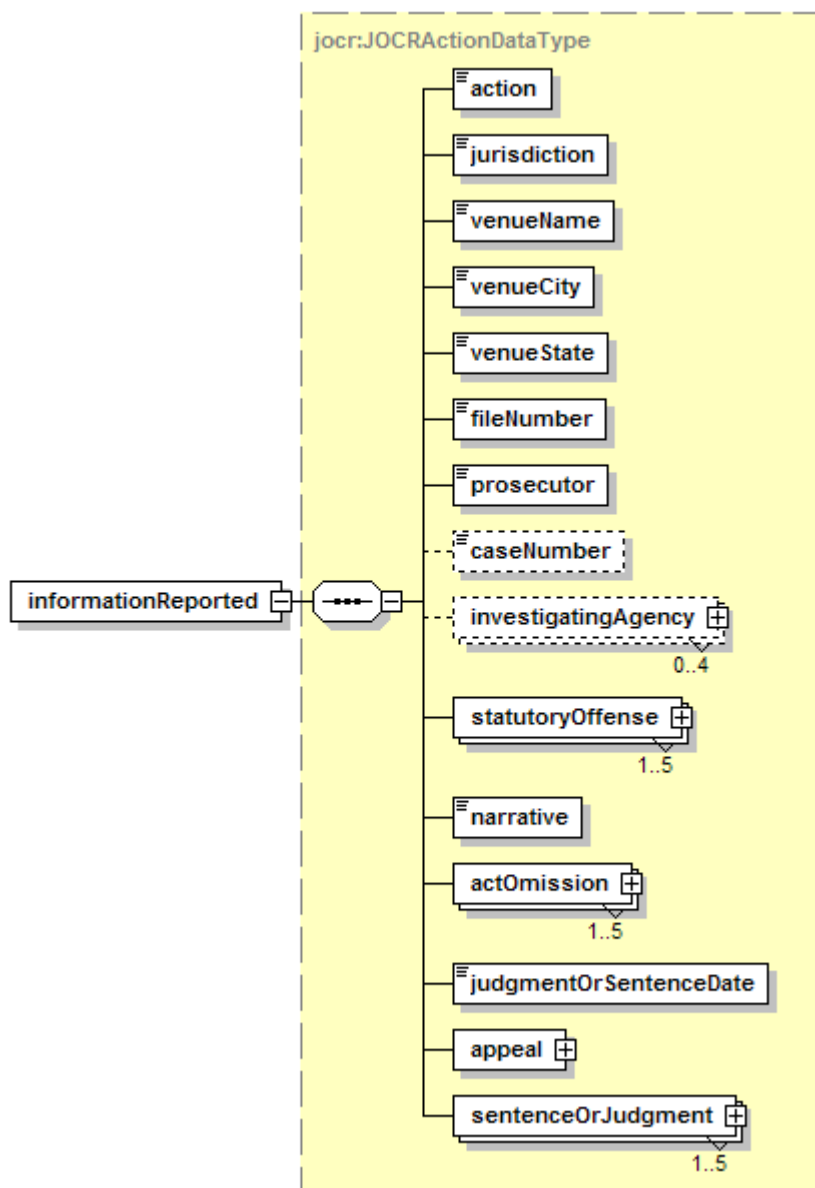


Figure 24: JOCR Information Reported Record

3.22 Investigating Agency

The Investigating Agency Record contains the agency name and case number for the report.

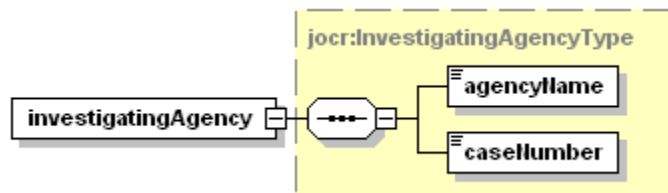


Figure 25: Investigating Agency Record

3.23 Statutory Offense

The Statutory Offense Record contains the statute title, code section, offense description and the violation count.

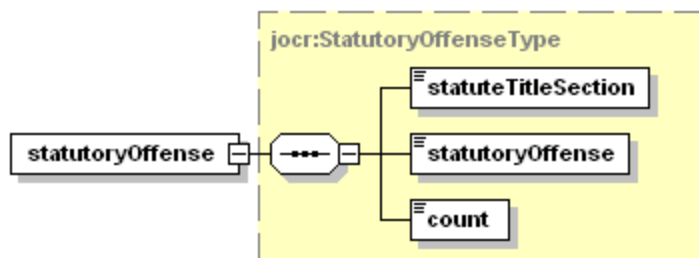


Figure 26: Statutory Offense Record

3.24 Act or Omission

The Act or Omission Record contains the act or omission codes for the report.

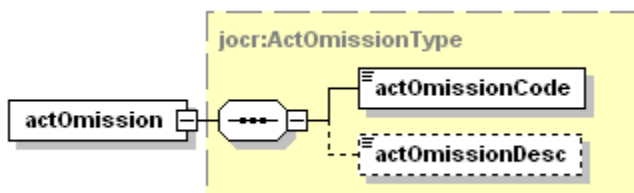


Figure 27: Act or Omission Record

3.25 Response

The Response Record contains the response information for a report that was accepted and successfully processed.

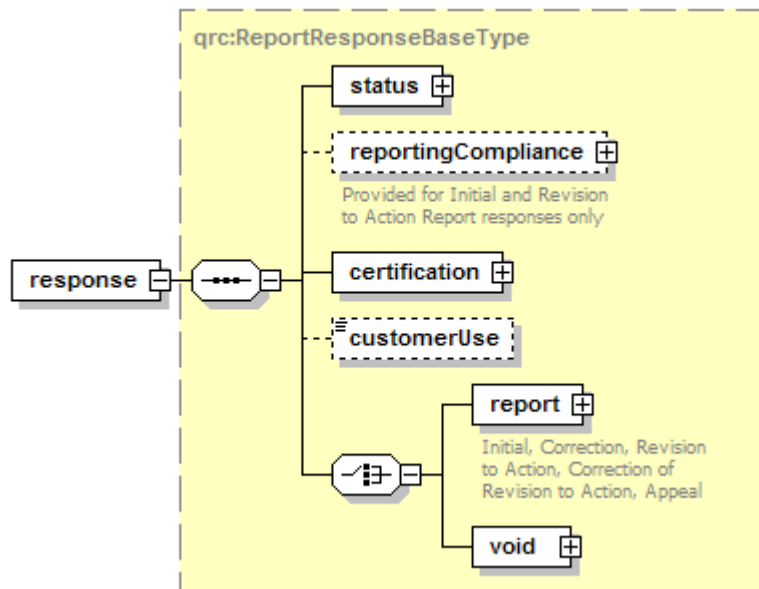


Figure 28: Response Record

3.26 Sentence or Judgment

The Sentence or Judgment Record contains information about the sentence or judgment of the report.

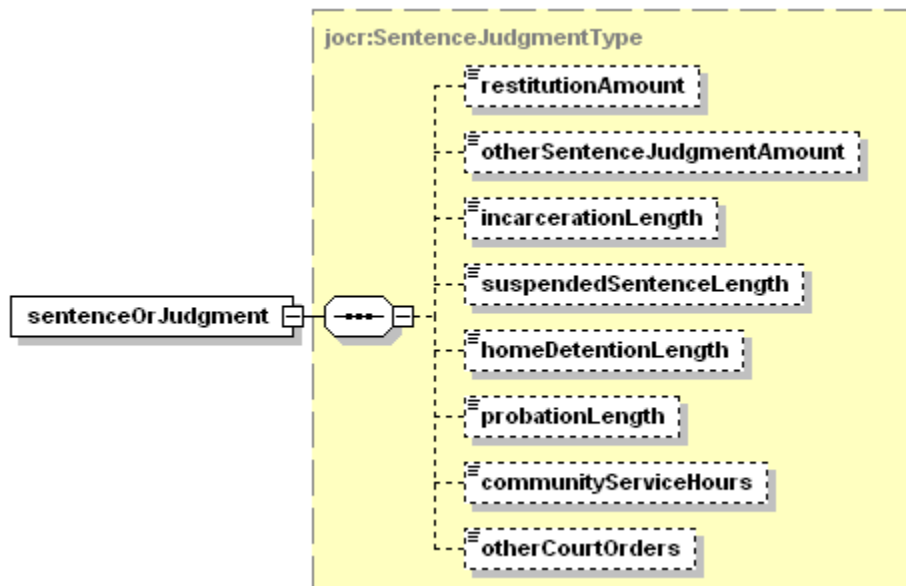


Figure 29: Sentence or Judgment Record

3.27 Status

The Status Record contains the information associated with the receipt of the report.

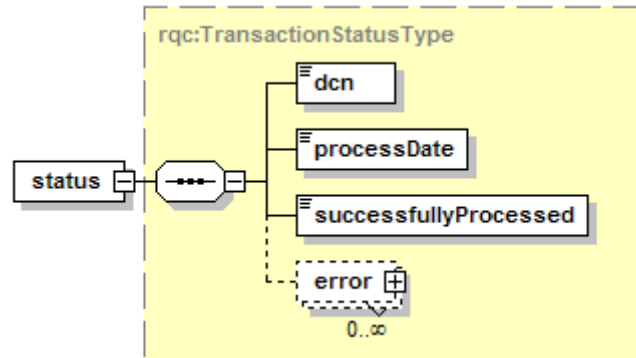


Figure 30: Status Record

3.28 Reporting Compliance

The Reporting Compliance Record contains the information indicating whether the submitted report was filed with the Data Banks within the timeframe required by law. This record is provided only in report responses for Initial and Revision to Action Report submissions.

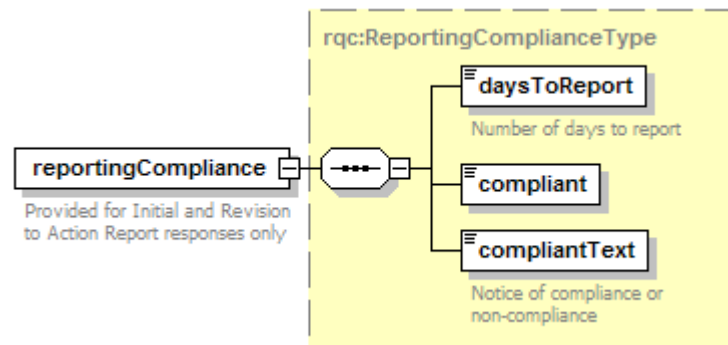


Figure 31: Reporting Compliance Record

3.29 Error

The Error Record contains the information for any errors that occurred during the processing of the report.

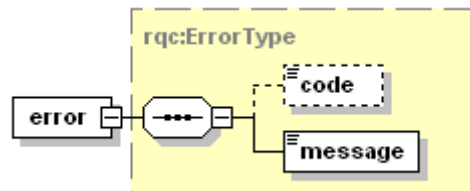


Figure 32: Error Record

3.30 Report (Response)

The Report (Response) Record contains the report information returned in a response.

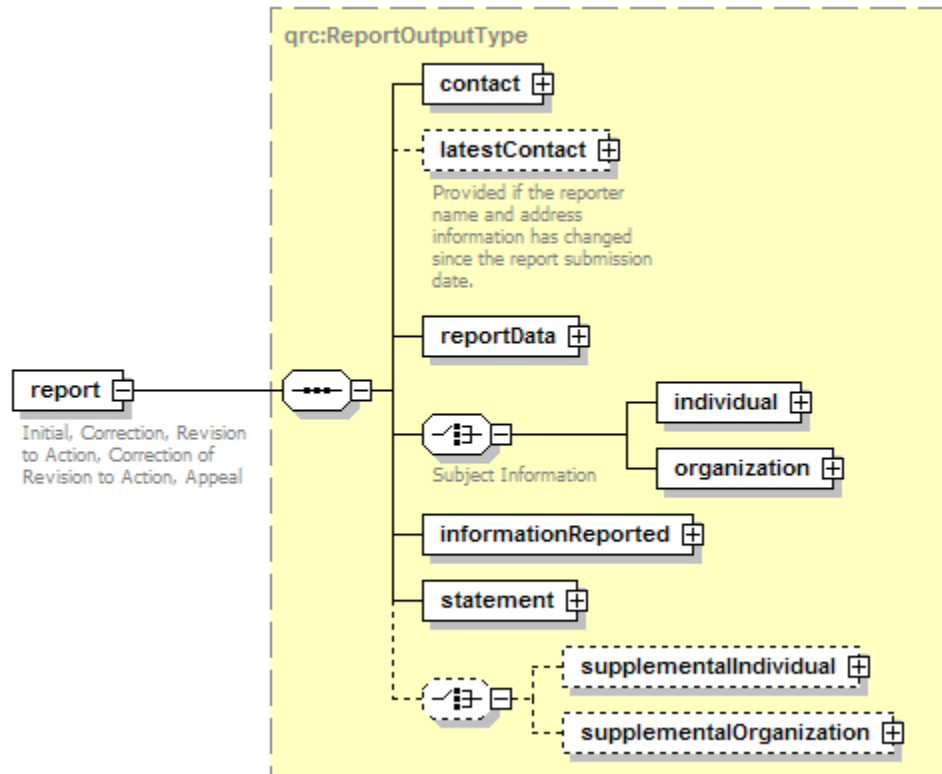


Figure 33: Report (Response) Record

3.31 Contact

The Contact Record contains the contact information for the reporting entity.

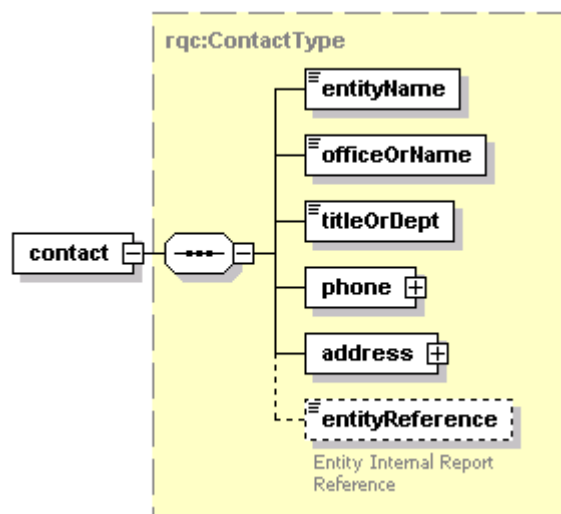


Figure 34: Contact Record

3.32 Latest Contact

The Latest Contact Record contains the most recent contact information on file with the Data Banks for the reporting entity. This record is provided if the reporter name and address information has changed since the report submission date. Point of contact information (officeOrName, titleOrDept, and phone) is only provided when the entity has a successor and the successor has provided that information to the Data Banks.

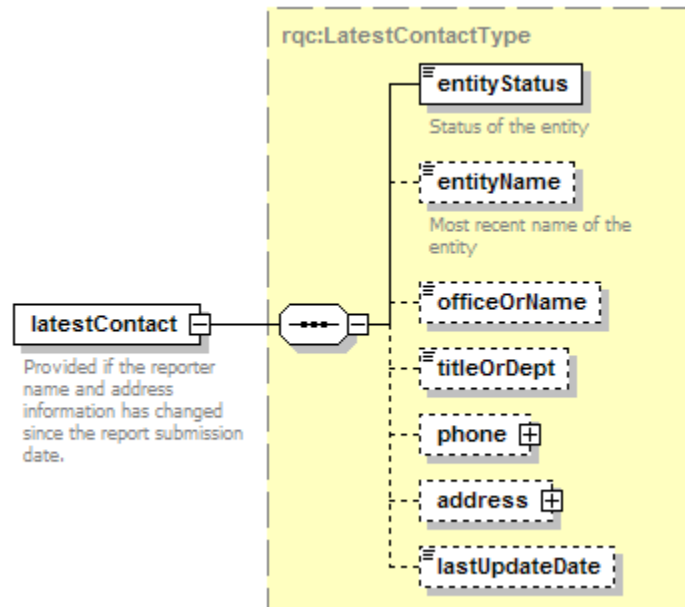


Figure 35: Latest Contact Record

3.33 Report Data

The Report Data Record contains the information for the report submission transaction type, information about the related report (Revision to Action reports), and statutory authority for maintaining the report in the Data Bank(s). For appeals, the previousDCN and previousTransaction will contain the values from the appealed report. For Revision to Action reports where the previousDCN was corrected or voided by another transaction, latestRelatedDCN, latestRelatedTransaction, and latestRelatedNote will contain information about the related report as it has been corrected or voided. For Revision to Action reports where the previousDCN was voided by another transaction, latestRelatedDCN will be omitted.

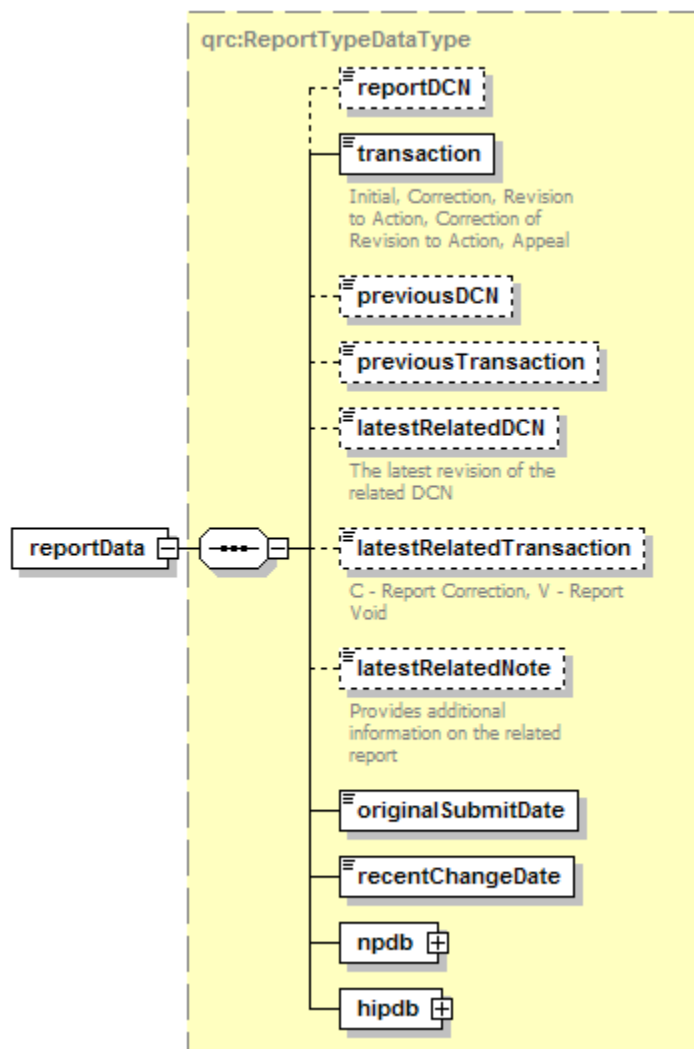


Figure 36: Report Data Record

3.34 NPDB

The NPDB Authority Record contains the statutory authority information for maintaining and disclosing the report. Judgment or Conviction reports are not maintained in the NPDB, so maintainedIn will always be false.

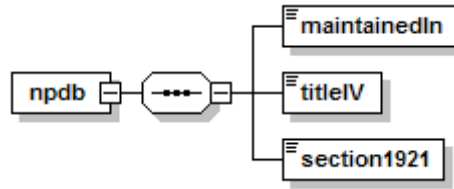


Figure 37: NPDB Authority Record

3.35 HIPDB

The HIPDB Authority Record contains the statutory authority information for maintaining and disclosing the report.

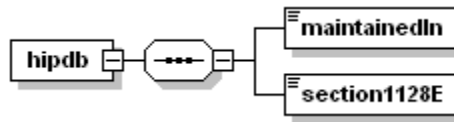


Figure 38: HIPDB Authority Record

3.36 Information Reported (Response, Rejection)

The Information Reported Record contains the same information as the Information Reported Record from the report submission. It will be an Information Reported (JOCR) Record for a JOCR submission.

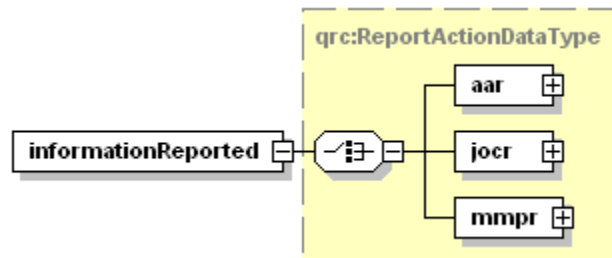


Figure 39: Information Reported Record (Response, Rejection)

3.37 Statement

The Statement Record contains the statements associated with the report and the dispute status.

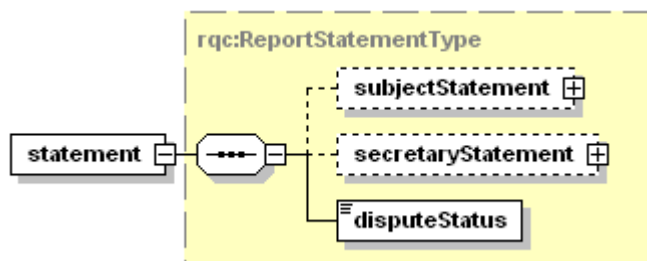


Figure 40: Statement Record

3.38 Subject Statement, Secretary Statement

The Subject Statement Record contains the statement information for the report's subject. The Secretary Statement contains the statement information from the Secretary of the U.S. Department of Health and Human Services.

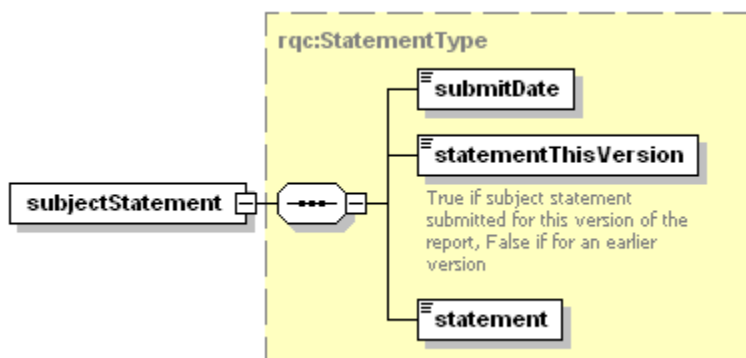


Figure 41: Subject Statement Record

3.39 Supplemental Individual

The Supplemental Individual Record contains the supplemental information associated with an individual subject. Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

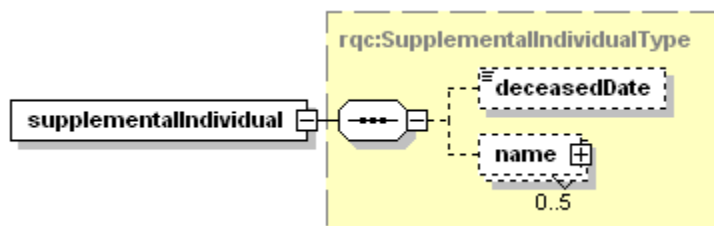


Figure 42: Supplemental Individual Record

3.40 Supplemental Organization

The Supplemental Organization Record contains the supplemental information associated with an organization subject. Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

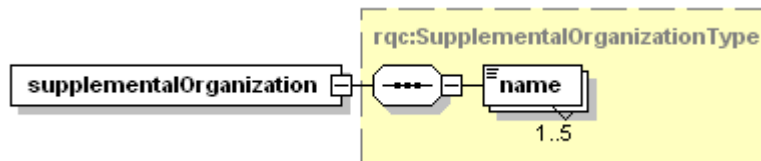


Figure 43: Supplemental Organization Record

3.41 Rejection

The Rejection Record contains the response information for a report that was not accepted or was not successfully processed.

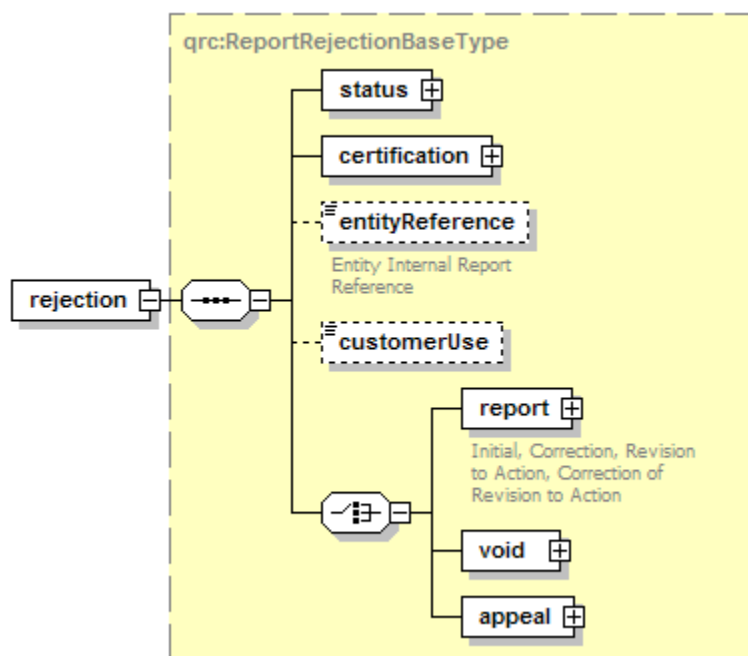


Figure 44: Rejection Record

3.42 Report (Rejection)

The Rejection Report Record contains the report information returned in a rejection.

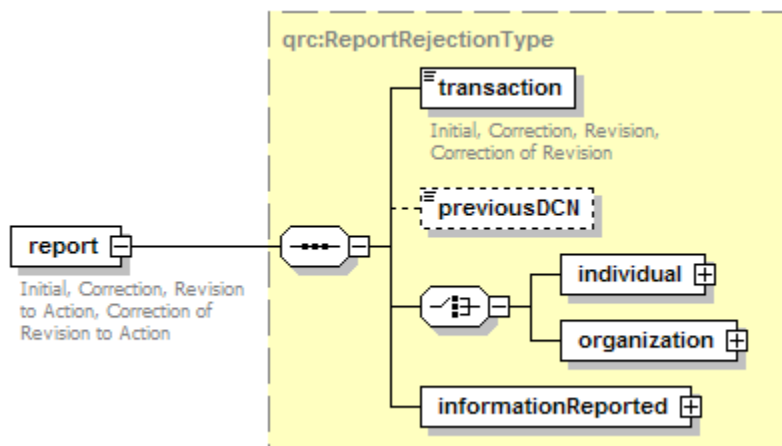


Figure 45: Rejection Report Record

3.43 Report Change Information

The Report Change Information Record contains general report change information.

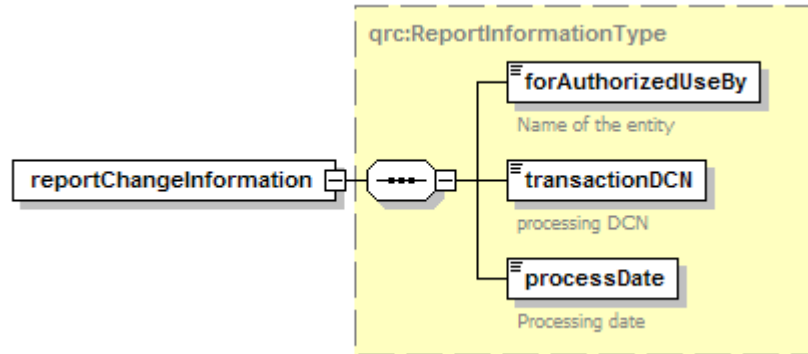


Figure 46: Report Change Information Record

3.44 Disclosure Type

The Disclosure Type Record contains the description of the change to the report.

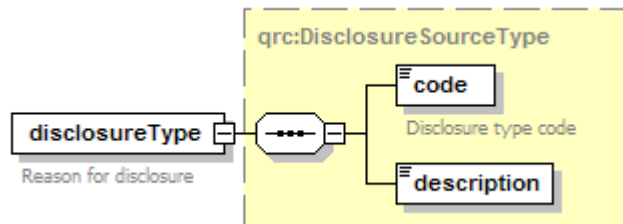


Figure 47: Report Disclosure Record

3.45 Recipient

The Recipient Record is included in every Data Bank Correspondence response and identifies for whom the message is intended.

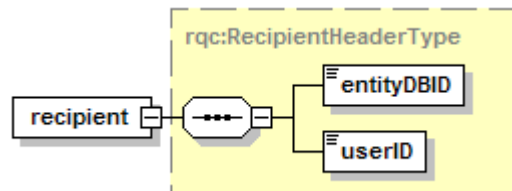


Figure 48: Recipient Record

3.46 Response (Correspondence)

The Correspondence Response Record contains the message information.

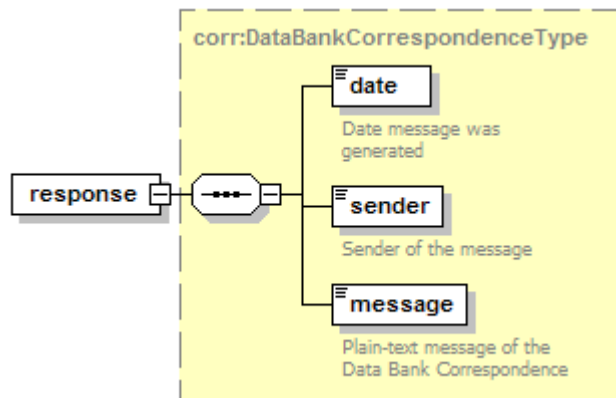


Figure 49: Response (Correspondence) Record

4. Reports and Data Definitions

4.1 Data Dictionary – Elements

The data dictionary defines each element that appears in the JOCR schemas (Submission, Response, Rejection, and Correspondence). Data must follow the specified type according to the following codes:

- A = Alphanumeric.
- C = Code (refer to the appropriate code list in Section 4.5 or the data description).
- D = Date (YYYY-MM-DD). Dates are specified using the XML Schema date type unless noted otherwise.
- N = Numeric.
- B = Boolean (true, false, 1, 0). Boolean values are specified using the XML Schema Boolean type unless noted otherwise.
- M = Monetary (NNNN.NN). Specify dollars and cents (do not include dollar sign; include decimal point; max value 999999999.99; must be greater than 0.00 if a required field).
- T = Duration. Duration is defined as a three-dimensional space where the coordinates designate the Gregorian year, month, and day, respectively, and will be of the form “PnYnMnD”. For example one year, 8 months, 16 days would be written as “P1Y8M16D”. One year, 6 months would be written as “P1Y6M”. No more than two digits may be used to specify the number of years and the number of months. No more than three digits may be used to specify the number of days.

Unless otherwise noted, the specified field width represents the maximum number of characters allowed for the field. **All fields larger than the specified field width will be truncated.** Data values that are shorter than the specified field width should **not** be padded with additional characters. **Reports submitted using an incorrect format or code(s) will be rejected.**

Table 4-1: Data Dictionary Elements

Data Element	Description	Field Type	Field Width
entityDBID	Data Bank Identification Number (DBID) of Reporting Entity assigned by the Data Bank(s).	N	15
agentDBID	Agent DBID (if registered agent is submitting report). Complete only if a registered agent is reporting on behalf of the entity identified (entityDBID) above. If an agent is not submitting the report, omit this field.	N	15
vendorID	Self-defined value identifying the vendor of the software that was used to generate the submission file.	A	40
certification/name	Name of individual certifying transaction. (The individual certifying a transaction must be authorized to submit information to the Data Bank(s) on behalf of the eligible entity. This individual certifies that all transaction information is true and correct to the best of his or her knowledge).	A	40
certification/title	Title of individual certifying transaction.	A	40
certification/phone/number	Telephone number of individual certifying transaction. Area code must be included. For international phone numbers, include country code. Do not use delimiters. Format: NNNNNNNNNNNNNN.	N	15
certification/phone/extension	Telephone extension.	N	5
certification/date	Certification date. The certification date must not be in the future.	D	10

Data Element	Description	Field Type	Field Width
customerUse	Identification record for use by the submitting entity. This data field does not appear on report output and will be returned without modification in the response file. This field may be used by the submitter to identify this transaction.	A	20
name/last	Last name of subject. When specifying other names used information (otherName), both first name and last name must be provided.	A	25
name/first	First name of subject.	A	15
name/middle	Middle name of subject.	A	15
name/suffix	Suffix (e.g., JR, SR, III).	A	4
gender	“M” = Male, “F” = Female, “U” = Unknown	C	1
birthdate	Individual subject’s birth date.	D	10
organizationName	Name of organization where subject works when subject is an individual.	A	50
organizationType/typeCode	Type of organization when subject is an organization. Type of organization where subject works when subject is an individual. Refer to Section 4.5, List C for codes.	C	3
organizationType/description	Organization type description. Complete only if Type of Organization code “999” is specified above. Otherwise, omit this field.	A	100
address/address	First line of street address.	A	40
address/address2	Second line of address.	A	40
address/city	City. Refer to Section 4.5, List A if Military.	A	28
address/state	If State or territory is inside U.S. Refer to Section 4.5, List A for State codes.	C	2
address/zip	ZIP code. Refer to Section 4.5, List B for APO/FPO Codes.	A	5
address/zip4	4-digit ZIP code extension.	A	4
address/country	Required if country is not U.S. Omit if country is U.S.	A	20
ssn	Social Security Number (SSN) of subject. Cannot be all zeros. Must be all numbers or include optional hyphens (NNN-NN-NNNN).	N	9 or 11
itin	Individual Taxpayer Identification Number (ITIN). Must begin with 9. Must be all numbers or include optional hyphens (NNN-NN-NNNN).	N	9 or 11
fein	Federal Employer Identification Number (FEIN).	N	9
npi	National Provider Identifier (NPI).	N	10
dea	Drug Enforcement Administration (DEA) Number.	A	12
upin	Unique Physician Identification Number (UPIN).	A	6
licensure/number	State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, this will be omitted. Must contain at least one digit.	A	16
licensure/noLicense	Select when State law does not require a license or the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license. Omit when a number is provided for this license.	B	N/A
licensure/state	State of license. Refer to Section 4.5, List A for State codes.	C	2
licensure/field	Occupation/Field of Licensure. (Refer to Section 4.5, List D for codes. Also, refer to List E when receiving Notice of Appeal responses). Provide the Occupation/Field of Licensure code most closely associated with the judgment or conviction being reported.	C	3
licensure/description	Other Occupation/Field of Licensure. Complete only if Occupation/Field of Licensure code of “699” or “899” is selected. Describe the Occupation/Field of Licensure. Otherwise, omit this field.	A	60

Data Element	Description	Field Type	Field Width
licensure/specialty	Specialty of subject when the subject is a physician or dentist (i.e., Occupation/Field of Licensure code is “010”, “015”, “020”, “025”, “030”, or “035”). Refer to Section 4.5, List F for Specialty codes.	C	2
subjectID	Reserved. Do not specify.	A	20
deceasedDate/isDeceased	Is the subject deceased. ”Y” = Yes, “N” = No, “U” = Unknown; If “Y” then deceasedDate/date must be specified if known.	C	1
deceasedDate/date	Date of Death.	D	10
affiliation/name	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	A	40
affiliation/natureRelationship	Nature of Subject’s Relationship to Affiliate/Associate code. (Refer to Section 4.5, List G for Individual subjects or Section 4.5, List H for Organization subjects.)	C	3
affiliation/otherNatureRelationship	Other Nature of Subject’s Relationship to Affiliate. Complete only if Nature of Subject’s Relationship to Affiliate/Associate code is “999”. Otherwise, omit this field.	A	40
organization/name	Name of organization when subject is an organization.	A	50
organization/otherName	Other organization name.	A	50
medicareProvider	Medicare Provider/Supplier Number.	A	15
principalOfficerOwner/title	Title of Principal Officer or Owner of subject organization.	A	40
JOCCRReportType			
entityReference	Entity Internal Report Reference. This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to querier(s).	A	20
transaction	Identifies the type of report: Initial, Correction, Revision to Action, Correction of Revision to Action, Appeal, Void. (Appeal can only appear in report responses since Appeals are submitted using the Appeal record rather than the Report Record). Refer to Section 4.5, List L for codes.	C	1
previousDCN	Data Bank Control Number of Corrected, Revised, Appealed or Voided report.	N	16
JOCRActionDataType			
action	Type of action code. Refer to Section 4.5, List J for codes.	C	2
jurisdiction	Jurisdiction of court or venue in which the action was taken. “S” = State/Local Court, “F” = Federal Court.	C	1
venueName	Venue (court) name.	A	40
venueCity	City of court.	A	28
venueState	State of court. Refer to Section 4.5, List A for state codes.	C	2
fileNumber	Docket/Court File Number.	A	15
prosecutor	Prosecuting agency or civil plaintiff.	A	40
caseNumber	Case number used by prosecuting agency or plaintiff.	A	15
investigatingAgency/agencyName	Investigating agency name.	A	40
investigatingAgency/caseNumber	Case number used by investigating agency.	A	15
statutoryOffense/statuteTitleSection	Statute title and code section.	A	80
statutoryOffense/statutoryOffense	Statutory offense description.	A	80
statutoryOffense/count	Number of counts of violations.	N	3
narrative	Narrative description of subject’s act(s) or omission(s).	A	4000

Data Element	Description	Field Type	Field Width
actOmission/ actOmissionCode	Code that describes the subject's Act(s) or Omission(s). (Refer to Section 4.5, List I for codes.)	C	3
actOmission/ actOmissionDesc	Other Act(s) or Omission(s) Description. This field must be completed only if Act(s) or Omission(s) Code "999," Other, is specified above. If so, describe the nature of the act or omission.	A	40
judgmentOrSentenceDate	Date of Judgment/Sentence.	D	10
appeal/onAppeal	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown. If "Y" then appeal/date must be specified if known.	C	1
appeal/appealDate	Date the action was appealed.	D	10
sentenceOrJudgment/ restitutionAmount	Restitution amount in dollars and cents.	M	12
sentenceOrJudgment/ otherSentenceJudgmentAmount	Other sentence/judgment amount ordered in dollars and cents.	M	12
sentenceOrJudgment/ incarcerationLength	Duration of incarceration of subject. Not allowed if subject is an organization.	T	3-11
sentenceOrJudgment/ suspendedSentenceLength	Duration of suspended sentence of subject.	T	3-11
sentenceOrJudgment/ homeDetentionLength	Duration of home detention of subject. Not allowed if subject is an organization.	T	3-11
sentenceOrJudgment/ probationLength	Duration of probation of subject.	T	3-11
sentenceOrJudgment/ communityServiceHours	Number of hours of community service.	D	5
sentenceOrJudgment/ otherCourtOrders	Other court orders.	A	160
previousDCN	Data Bank Control Number of Corrected, Revised, Appealed, or Voided report.	N	16
Response, Rejection Report Elements			
successfullyProcessed	Status indicating if the file was successfully processed. "true" or "false".	B	N/A
processDate	Date transaction was processed.	D	10
reportingCompliance/ daysToReport	Indicates the number of days between the date this action was taken and the date this report was filed. This field will only be provided in the response to an Initial or a Revision to Action Report. Federal Law as implemented by 45 CFR Part 61 requires reporting entities to file reports generally within 30 days of taking a reportable action.	N	5
reportingCompliance/ compliant	"true": This report was filed in accordance with the timeframes required by Federal Law. "false": The reporting entity has failed to satisfy its reporting obligations under Federal law by filing this report late.	B	N/A
reportingCompliance/ compliantText	Text detailing the report compliance notice.	A	4000
dcn	Data Bank Control Number. Unique number assigned to this transaction.	N	16
reportChangeInformation/ transactionDCN	Data Bank Control Number. Unique number assigned to the transaction that generated the Report Change Notification response.	N	16
reportChangeInformation/ forAuthorizedUseBy	Name of the entity for which the Report Change Notification response is generated.	A	40
disclosureType/code	Indicates why the changed report is being disclosed. Refer to Section 4.5, List M for codes.	C	2
disclosureType/description	Description corresponding to the disclosure type code.	A	4000

Data Element	Description	Field Type	Field Width
subjectSource	Indicates why the entity is receiving the report change notification. Refer to Section 4.5, List N for codes.	C	1
reportData/reportDCN	Data Bank Control Number. Unique number assigned to the report contained in the Report Change Notification response.	N	16
entityName	The entity point of contact name for the report.	A	40
officeOrName	The current individual or office designated as the point of contact for this report.	A	40
titleOrDept	Title or department of point of contact.	A	40
latestContact/entityStatus	Most recent status of the entity. Refer to Section 4.5, List O for codes.	C	1
latestContact/entityName	Most recent name of the entity or its successor entity.	A	40
latestContact/lastUpdateDate	Date of most recent name or address change made by the original reporting entity. The date is only provided if the original reporting entity has no successor.	D	10
error/code	Indicates why the transaction was rejected and could not be processed. Refer to Section 4.5, List K for Error Codes. This field will be repeated for each error found. The field is only present when an error is present.	C	2
error/message	Error message description corresponding to the error code.	A	4000
subjectStatement/submitDate	Date statement was submitted by the subject.	D	10
subjectStatment/ statementThisVersion	“true”: The subject entered the statement in response to this version of this report. “false”: The subject entered the statement submitted in response to an earlier version of this report. The reporting entity changed the report after the subject prepared the statement. As of the date this report response was processed, the subject has not changed the statement in response to the changes in the report.	B	N/A
subjectStatement/statement	Subject statement.	A	4000
secretaryStatement/ submitDate	Date statement was submitted by the Secretary of the U.S. Department of Health and Human Services.	D	10
secretaryStatement/ statementThisVersion	“true”: The Secretary of the U.S. Department of Health and Human Services reviewed this version of this report and entered this statement. “false”: The Secretary of the U.S. Department of Health and Human Services reviewed an earlier version of this report and entered this statement. After the Secretarial Review decision and subject statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.	B	N/A
secretaryStatement/statement	Secretary of the U.S. Department of Health and Human Services statement.	A	4000
disputeStatus	Report dispute status. “N” = not in dispute, “Y” = in dispute, “S” = elevated to Secretarial Review, “R” = reviewed by Secretary.	C	1
maintainedIn	The report is maintained in the specified Data Bank.	B	N/A
npdb/titleIV	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law.	B	N/A

Data Element	Description	Field Type	Field Width
npdb/section1921	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law.	B	N/A
hipdb/section1128E	The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law.	B	N/A
previousTransaction	Transaction code of report. "I" = Initial, "C" = Correction, "R" = Revision, "O" = Correction of Revision.	C	1
latestRelatedDCN	DCN of the related report Correction. Only appears in Revision to Action Report change notification response when the related report is corrected.	N	16
latestRelatedTransaction	Indicates whether the related report is corrected or voided. "C" = Correction, "V" = Void. Only appears in Revision to Action Report change notification response when the related report is corrected or voided.	C	1
latestRelatedNote	Describes the relationship between this report and the related report. Only appears in Revision to Action Report change notification response when the related report is corrected or voided.	A	4000
originalSubmitDate	Date of original submission.	D	10
recentChangeDate	Date of most recent change.	D	10
supplementalIndividual/ deceasedDate	Deceased date of individual subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	D	10
supplementalIndividual/ name/last	Last name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	A	25
supplementalIndividual/ name/first	First name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	A	15
supplementalIndividual/ name/middle	Middle name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	A	15
supplementalIndividual/ name/suffix	Suffix (e.g., JR, SR, III). This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	A	4
supplementalOrganization/ name	Name of organization when subject is an organization. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.	A	50

Data Element	Description	Field Type	Field Width
Other Response Elements			
correspondence/ recipient/entityDBID	Data Bank Identification Number (DBID) for whom the Data Bank Correspondence is intended.	N	15
correspondence/ recipient/userID	The user ID for whom the Data Bank Correspondence is intended.	A	14
correspondence/ response/date	The date the Data Bank Correspondence was generated.	D	10
correspondence/ response/sender	The sender of the Data Bank Correspondence.	A	40
correspondence/ response/message	The plain-text message of the Data Bank Correspondence.	A	4000

4.2 Data Dictionary – Individual Subject Data

Table 4-2: Individual Subject Elements

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5.
gender	Yes	
birthdate	Yes	
organizationName	No	Required if organizationType specified.
organizationType	No	Required if organizationName specified.
workAddress	Conditional	Valid work or home address required.
homeAddress	Conditional	Valid work or home address required.
ssn	Yes	Up to 4; see Note (1).
itin	No	Up to 4; see Note (1).
fein	No	Up to 4.
npi	No	Up to 4.
dea	No	Up to 4.
upin	No	Up to 4.
occupationAndLicensure	Yes	
occupationAndLicensure/number	Conditional	See Note (2).
occupationAndLicensure/noLicense	Conditional	See Note (2).
occupationAndLicensure/state	Conditional	See Note (2).
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3).
occupationAndLicensure/specialty	Conditional	See Note (4).
otherOccupationAndLicensure	No	Up to 59; see Note (5).
subjectID	No	Reserved; do not specify.
deceasedDate	Yes	
affiliation	No	Up to 4; see Note (6).
Note(s): (1) At least one SSN or ITIN must be provided. (2) If a number is specified, omit noLicense. If noLicense is specified, omit number. If number or noLicense is provided, state of licensure is required. If state of licensure is provided, either license or noLicense is required. (3) The description is required only if field "699" or "899" is specified; otherwise omit. (4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035"). (5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (4) for otherOccupationAndLicensure fields. (6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.		

4.3 Data Dictionary – Organization Subject Data

Table 4-3: Organization Subject Data Elements

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5.
address	Yes	

Organization Element	Required	Valid Values / Limitations
organizationType	Yes	
fein	Yes	Up to 4; see Note (1).
ssn	No	Up to 4; see Note (1).
itin	No	Up to 4; see Note (1).
license	No	Up to 3.
license/number	Conditional	See Note (2).
license/noLicense	Conditional	See Note (2).
license/state	No	
dea	No	Up to 4.
npi	No	Up to 4.
medicareProvider	No	Up to 4.
subjectID	No	Reserved; do not specify.
affiliation	No	Up to 4; see Note (3).
principalOfficerOwner	No	Up to 5.
Note(s): (1) At least one FEIN or SSN or ITIN must be provided. (2) If a number is specified, omit noLicense. If noLicense is specified, omit number. If a number or noLicense is provided, state of licensure is required. If a state of licensure is provided, either license or noLicense is required. (3) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.		

4.4 Data Dictionary – Judgment or Conviction Data

Table 4-4: Judgment or Conviction Data Elements

Organization Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.5, List J.
jurisdiction	Yes	“S” = State/Local Court, “F” = Federal Court.
venueName	Yes	
venueCity	Yes	
venueState	Yes	
fileNumber	Yes	
prosecutor	Yes	
caseNumber	No	
investigatingAgency	No	Up to 4.
statutoryOffense	Yes	Up to 5; see Note (1).
narrative	Yes	
actOmission/actOmissionCode	Yes	Up to 5; see Section 4.5, List I.
actOmission/actOmissionDesc	Conditional	Up to 5; provide description only if the act or omission code is “999”.
judgmentOrSentenceDate	Yes	Must not be in future. Must not be prior to 08/21/1996.
appeal	Yes	
sentenceOrJudgment	Yes	Up to 5; see Note (2).
Note(s): (1) If any data field is provided in a statutoryOffense record, the statuteTitleSection, statutoryOffense and count are all required. (2) At least one of the data fields in a sentenceOrJudgment record is required.		

4.5 Data Dictionary – Common List of Values

List A. State Abbreviations and U.S. Territories

AL	Alabama	KY	Kentucky	ND	North Dakota
AK	Alaska	LA	Louisiana	OH	Ohio
AZ	Arizona	ME	Maine	OK	Oklahoma
AR	Arkansas	MD	Maryland	OR	Oregon
CA	California	MA	Massachusetts	PA	Pennsylvania
CO	Colorado	MI	Michigan	RI	Rhode Island
CT	Connecticut	MN	Minnesota	SC	South Carolina
DE	Delaware	MS	Mississippi	SD	South Dakota
DC	District of Columbia	MO	Missouri	TN	Tennessee
FL	Florida	MT	Montana	TX	Texas
GA	Georgia	NE	Nebraska	UT	Utah
HI	Hawaii	NV	Nevada	VT	Vermont
ID	Idaho	NH	New Hampshire	VA	Virginia
IL	Illinois	NJ	New Jersey	WA	Washington
IN	Indiana	NM	New Mexico	WV	West Virginia
IA	Iowa	NY	New York	WI	Wisconsin
KS	Kansas	NC	North Carolina	WY	Wyoming
AS	American Samoa	GU	Guam	PR	Puerto Rico
FM	Federated States of Micronesia	MP	Northern Marianas	VI	Virgin Islands
PW			Palau		
AA	Central and South America (Armed Forces)	AE	Europe (Armed Forces)	AP	Pacific (Armed Forces)

Please adhere to the following guidelines when entering foreign or military addresses:

Addresses for United States Territories:

- Enter Territory abbreviation in State field.

Addresses outside the United States or its territories:

- Leave the State field blank.
- Enter the city and/or province in the city field.
- Enter the Country Code in the ZIP fields—maximum five characters in first field, maximum four characters in the second field.
- Enter the country in the country field.

Military Addresses:

- Enter APO in the city field.
- Enter AE, AA or AP in the State field.
- Enter the ZIP code in the ZIP field.

Following State Codes are not valid for State of Licensure:

- AA - Central and South America (Armed Forces)
- AE - Europe (Armed Forces)
- AP - Pacific (Armed Forces)

List B. APO/FPO Postal Codes

APO/FPO Code	First 3 Digits of ZIP Code	Geographic Area	APO/FPO Code	First 3 Digits of ZIP Code	Geographic Area
AE - Europe	090-092	Germany	AA - Americas	340	Central, South Americas
	094	United Kingdom			
	095	Atlantic Ocean/ Mediterranean Sea Ships	AP - Pacific	962	Korea
	096	Italy, Spain		963	Japan
	097	Other Europe		964	Philippines
	098	Middle East, Africa		965	Other Pacific and Alaska
				966	Pacific and Indian Ocean Ships

APO/FPO Codes (State Codes) are not valid for State of Licensure. Refer to List A.

List C. Type of Organization Codes

Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optometric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice	370 Research Center/Facility Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/Community Mental Health Center 388 Outpatient Rehabilitation Facility/Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/Program 396 Rural Health Clinic	336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan 320 Health Insurance Company/Provider Health Care Supplier/Manufacturer 347 Biological Products Manufacturer 342 Blood Bank 343 Durable Medical Equipment Supplier 344 Eyewear Equipment Supplier 351 Fiscal/Billing/Management Agent 353 Nursing/Health Care Staffing Service 348 Organ Procurement Organization 345 Pharmacy 346 Pharmaceutical Manufacturer 349 Portable X-Ray Supplier 352 Purchasing Service 390 Ambulance Service/Transportation Company 999 Other Type – Not Classified, Specify
393 Home Health Agency/ Organization		
382 Hospice/Hospice Care Provider		
Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital		
Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit		
310 Laboratory/CLIA Laboratory		
389 Nursing Facility/Skilled Nursing Facility	Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization	

List D. Occupation/Field of Licensure Codes

<p>603 Chiropractor</p> <p>Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist</p> <p>Dental Service Provider 030 Dentist 035 Dental Resident 606 Dental Assistant 609 Dental Hygienist 612 Denturist</p> <p>Dietician/Nutritionist 200 Dietician 210 Nutritionist</p> <p>Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic</p> <p>Eye and Vision Service Provider 630 Ocularist 633 Optician 636 Optometrist</p> <p>Nurse/Advanced Practice Registered Nurse 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist</p> <p>Nurses Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide</p>	<p>Pharmacy Service Provider 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician</p> <p>Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO)</p> <p>Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic</p> <p>Podiatric Service Provider 350 Podiatrist 648 Podiatric Assistant</p> <p>Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner</p> <p>Rehabilitative, Respiratory, and Restorative Service Provider 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician</p> <p>300 Social Worker</p> <p>Speech, Language, and Hearing Service Provider 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid/Hearing Instrument Specialist</p>	<p>Technologist 500 Medical Technologist 505 Cytotechnologist 510 Nuclear Medicine Technologist 520 Radiation Therapy Technologist 530 Radiologic Technologist</p> <p>Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner—Not Classified, Specify</p> <p>Health Care Facility Administrator 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care Administrator</p> <p>Other Occupation 850 Accountant 853 Bookkeeper 822 Business Manager 830 Business Owner 820 Corporate Officer 810 Insurance Agent 812 Insurance Broker 800 Researcher, Clinical 840 Salesperson 899 Other Occupation—Not Classified, Specify</p>
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List E. Occupation/Field of Licensure Codes – Retired

135	Advanced Practice Nurse
370	Psychologist, Clinical
Note(s): Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal responses.	

List F. Specialty Codes

Physician Specialties		Dental Specialties
01 Allergy and Immunology	55 Ophthalmology	D1 General Dentistry (No Specialty)
03 Aerospace Medicine	59 Otolaryngology	D2 Dental: Public Health
05 Anesthesiology	60 Pediatrics	D3 Endodontics
10 Cardiovascular Diseases	63 Psychiatry	D4 Oral and Maxillofacial Surgery
13 Child Psychiatry	65 Public Health	D5 Oral and Maxillofacial Pathology
20 Dermatology	67 Clinical Pharmacology	D6 Orthodontics and Dentofacial Orthopedics
23 Diagnostic Radiology	69 Physical Medicine & Rehabilitation	D7 Pediatric Dentistry
25 Emergency Medicine	70 Pulmonary Diseases	D8 Periodontics
29 Forensic Pathology	73 Anatomic/Clinical Pathology	D9 Prosthodontics
30 Gastroenterology	75 Radiology	DA Oral and Maxillofacial Radiology
33 General Practice/Family Practice	76 Radiation Oncology	DB Unknown
35 General Preventive Medicine	80 Colon and Rectal Surgery	
37 Hospitalist	81 General Surgery	
39 Internal Medicine	82 Neurological Surgery	
40 Neurology	83 Orthopedic Surgery	
43 Neurology, Clinical Neurophysiology	84 Plastic Surgery	
45 Nuclear Medicine	85 Thoracic Surgery	
50 Obstetrics & Gynecology	86 Urological Surgery	
53 Occupational Medicine	98 Other Specialty—Not Classified	
	99 Unspecified	

List G. Nature of Relationship – Individual Subjects

100	Subject is Owner/Partner of Affiliate or Associate
150	Subject is Manager/Supervisor/Director of Affiliate or Associate
200	Subject is Employee of Affiliate or Associate
250	Subject is Contractor to Affiliate or Associate
300	Subject is Member of Affiliate or Associate's Network
350	Subject has Clinical Privileges With Affiliate or Associate
400	Subject is Supplier to Affiliate or Associate
450	Subject is Customer of Affiliate or Associate
700	Subject is in Joint Venture With Affiliate or Associate
999	Other Relationship - Not Classified, Specify

List H. Nature of Relationship – Organization Subjects

250	Subject is Contractor to Affiliate or Associate
300	Subject is Member of Affiliate or Associate's Network
400	Subject is Supplier to Affiliate or Associate
450	Subject is Customer of Affiliate or Associate
500	Subject is Parent Organization of Affiliate or Associate
600	Subject is Subsidiary of Affiliate or Associate
700	Subject is in Joint Venture With Affiliate or Associate
999	Other Relationship - Not Classified, Specify

List I. Act or Omission Codes

200	Fraudulent Billing/Cost Reporting	525	Research Fraud
205	Billing for Services Not Rendered/Supplies Not Provided	550	Medical Record Falsification
207	Misrepresentation of Services / Supplies Provided	551	Creating Medical Record for Patient Who Does Not Exist
210	Duplicate Billing	552	Alteration/Misrepresentation of Medical Record
220	Unbundling of Services		
222	Upcoding of Services	600	Anti-Competition Violation/Deceptive Advertising
230	Fraudulent Cost Reporting		
240	Medicare/Medicaid Secondary Payor Fraud	700	Controlled Substances Violation
250	Submitting Claims After Sanctions	710	Mislabeling Drugs
260	Overcharging	720	Generic Substitutions
270	Failure to Pay Non-Assigned Claim	730	Prescription Splitting
300	Patient Abuse	735	Prescription Shorting
305	Theft or Misappropriation of Patient Property	740	Drug Diversion
310	Billing for Medically Unnecessary Services	750	Forged/Altered Prescription Drugs
320	Poor Quality of Care	760	Illegal Prescription of Controlled Substance
350	Failure to Provide Medically Necessary Care	770	Counterfeiting Drugs
400	Licensed Practitioner Impersonation/Allowing Unlicensed Persons to Practice	780	Illegal Drug Use/Possession
500	Procurement Fraud	790	Illegal Drug Trafficking
		810	Kickbacks
		820	Self-Referral Violations
		999	Other Act/Omission - Not Classified, Specify

List J. Type of Action

Code	Type	Description
10	Criminal Conviction (Guilty Plea or Trial)	Federal or State criminal convictions against health care practitioners, providers and suppliers. Convictions must be related to the delivery of a health care item or service. Convictions include guilty pleas, and findings of guilt by either a judge or a jury. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
20	Deferred Conviction/ Pre-Trial Diversion	Actions in which a health care practitioner, provider, or supplier has entered into participation in a first offender, or other program or arrangement where the Federal or State conviction has been deferred or held in abeyance. These actions must be related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
30	Nolo Contendere (No Contest) Plea	Acceptance by a Federal or State court of a nolo contendere or no contest plea by a health care practitioner, provider or supplier in a matter related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
40	Civil Judgment	Civil judgments against a health care practitioner, provider, or supplier in Federal or State court. Judgments must be related to the delivery of a health care item or service. This reporting requirement does not include consent judgments or settlements in which no findings of liability have been made. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
50	Injunction	Civil actions taken against a health care practitioner, provider or supplier that seek to stop a specific activity, such as the continued production or distribution of a violative product or provision of a service. The action must be related to the delivery of a health care item or service. These actions are reportable to the Healthcare Integrity and Protection Data Bank under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.

List K. Error Codes

Error Code	Description
03	File is not compliant with the current format version.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
09	This entity does not have the privilege to perform this transaction.
13	This agent does not have the authority to act for entity.
20	All or part of a subject's name is missing or invalid. Subject First Name and Last Name are required.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
94	Invalid date of judgment or sentence. The date must be a valid date and must not occur in the future.
AF	This agent user ID does not have authority to perform this action for this entity.

Error Code	Description
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B3	The specialty code selected is either invalid or incompatible with the occupation/field of licensure code selected. Physician specialty codes should only be used for physicians (occupation/field of licensure codes 010, 015, 020 and 025). Dental specialty codes should only be used for dentists (occupation/field of licensure codes 030 and 035).
B5	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued must be provided. License numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number.
B8	Act or Omission code missing or invalid.
C0	Incomplete or invalid Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type. An Other Description is required if the Organization Type is 999, and not allowed otherwise.
C1	Missing or invalid sentence/judgment information.
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
C7	Invalid affiliation data. For each provided affiliate, a valid name is required. If an affiliate address is provided, the city and state (or city and country) are required. An Other Description is required if the Nature of Relationship code is 999, and not allowed otherwise.
C8	Invalid appeal information. Specify if the report is on appeal, and only provide an appeal date if the report is on appeal.
C9	Incomplete information for statutory offenses and counts.
CG	Invalid date of judgment or sentence. For a Revision to Action report, the date of judgment or sentence must be the same as or later than the date of judgment or sentence on the initial report.
CV	You may not void a report that has related Revision to Action reports. You must first void the Revision to Action reports before voiding this report. You can view the related Revision to Action reports by attempting to void this report using the IQRS (https://www.npdb-hipdb.hrsa.gov).
D0	Invalid deceased date.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
F5	A revision to action transaction attempted to modify certain fields that must contain the same information as the report being revised: 'Type of Action', 'Occupation/Field of Licensure' if you are filing a report on an individual subject, as well as 'Competence/Conduct Basis' if you are filing a State licensure report on an individual subject, or 'Health Care Entity Definition' if you are filing a State licensure report on an organizational subject.
F6	The previous DCN did not match a report in the Data Bank.
F8	The previous DCN is not applicable for this type of report.
F9	A correction of revision to action transaction attempted to correct a non-revision to action report.
I1	Invalid Individual Taxpayer Identification Number(s).
I2	At least one ITIN or SSN must be provided for Individual Subject.
I3	At least one ITIN, SSN or FEIN must be provided for Organization Subject.
I4	Invalid Unique Physician Identification Number(s).
I5	Invalid Principal Officers and Owners information.
I6	Invalid Medicare Provider/Supplier Number(s).
I8	Invalid Entity Internal Report Reference.
I9	Invalid report type.
K1	Professional School information is not allowed in judgment or conviction reports.
K2	An Act or Omission Description is required if the Act or Omission Code is 999, and not allowed otherwise.

Error Code	Description
K3	Invalid Case Number.
K4	Invalid Type of Action.
K5	Missing or invalid Docket/Court File Number.
K6	Missing or invalid Jurisdiction.
K7	Missing or invalid Narrative description of act(s) or omission(s).
K8	Missing or invalid Prosecuting Agency or Civil Plaintiff.
K9	Missing or invalid Venue information. Venue name, city and state are all required.
KA	Invalid Investigating Agency Name.
KB	Invalid Investigating Agency Case Number.
KC	Invalid Other Organization Name.
KD	Hospital Affiliates are only valid for medical malpractice payment reports. Report this data in an Affiliate record instead.
KE	Type of Action on this correction or revision report must match the Type of Action of the previous report.
KF	CLIA not allowed in organization judgment or conviction reports.
KG	FDA not allowed in organization judgment or conviction reports.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R6	Invalid Customer Use data.
RE	The DBID for your organization must be renewed before you can access the Data Banks' services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB regulations, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the regulations have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the Data Banks' services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB regulations, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RG	The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB-HIPDB regulations, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these regulations, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RI	The administrator account can not be used to submit report transactions. These transactions must be submitted using a user account.

List L. Judgment or Conviction Report Transaction Codes

Code	Description
I	Initial: The first record of a judgment or conviction report that is submitted to and processed by the HIPDB. An Initial report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.
C	Correction: A report that corrects an error or omission in an existing report. A Correction will supersede the contents of a current version of a report in the HIPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
V	Void: The retraction of a report in its entirety from the HIPDB. The report is removed from the subject's disclosed record.
R	Revision to Action: A new report that relates to and modifies a previously reported adverse action, (e.g., a change to a judicial action, such as a reduction in the sentence on appeal).
O	Correction of Revision to Action: A report that corrects a previously submitted Revision to Action Report. This correction will supersede the contents of a current version of the Revision to Action Report in the HIPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
A	Notice of Appeal: A report notifying the HIPDB that a subject has formally appealed a previously reported judgment or conviction. Reporting entities must submit a Notice of Appeal whenever a previously reported judgment or conviction is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report.

List M. Disclosure Type Codes

Code	Description
IR	The reporting entity identified in this disclosure has submitted Initial Report {1}.
RR	The reporting entity identified in this disclosure has submitted Revision to Action Report {1}.
CR	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
CA	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
DA	The subject of report {1} has filed a dispute with the Data Bank(s) concerning information contained in the report. The reporting entity identified in this disclosure and the subject of the report are responsible for settling the dispute.
DW	The subject of report {1} has withdrawn the dispute originally associated with this report.
SA	The subject of report {1} has added a statement to the report to explain or comment on the action reported.
SW	The subject of report {1} has withdrawn the statement previously associated with this report.
NA	The reporting entity identified in this disclosure has indicated that the action described in report {1} is being appealed.
RE	The subject of report {1} has requested that this dispute be reviewed by the Secretary of the U.S. Department of Health and Human Services.
RW	The subject of report {1} has withdrawn the request for review of this dispute by the Secretary of the U.S. Department of Health and Human Services.
RD	The Secretary of the U.S. Department of Health and Human Services has reviewed the facts of the dispute and has made a determination regarding report {1}.
VR	Report {1} and all information in it have been expunged from the Data Bank(s) and should not be used. Please destroy all copies of this report.
OC	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1}. The following data fields have been modified: {2}.
OA	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1}. The following data fields have been modified: {2}.
RC	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. For further information, see the Secretary's comments included in this disclosure.
RA	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. For further information, see the Secretary's comments included in this disclosure.

Code	Description
OV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} because it was determined to be a duplicate report. Please destroy all copies of report {1}. The original report remains in the Data Bank(s).
RV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. The referenced report and all information in it have been expunged from the Data Bank(s) and should not be used. Please destroy all copies of this report.
BI	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BV	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BR	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
AV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
AR	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
Note(s): The descriptions listed herein contain placeholder references ({1}, {2}, and {3}) and each will be replaced with an actual report DCN when a notification is generated by the Data Bank(s).	

List N. Subject Source Codes

Code	Description
Q	You received the previous version of this report via a query.
R	Your entity submitted the previous version of this report.
P	You received the previous version of this report via a PDS enrollment that has since been canceled.

List O. Entity Status Codes

Code	Type	Description
A	Original Reporting Entity is Active	The entity that filed the report may have changed its name or address on file with the Data Banks. The most recent entity contact information reported to the Data Banks and the date on which it was reported is provided.
S	Original Reporting Entity is Inactive but has a Successor	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent information for the registered successor entity is provided.
D	Original Reporting Entity is Inactive with no Successor	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent entity contact information reported to the Data Banks and the date on which it was reported is provided. The Data Banks have no additional information regarding this entity.
N	Original Reporting Entity is Inactive and its Successor is Inactive	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent information for the registered successor entity is provided, but that entity is also no longer an active registrant with the Data Banks. The Data Banks have no additional information regarding this entity.

Appendix A: Disclaimer

Terms and Conditions: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) make this ICD available as a courtesy to assist authorized clients who have unique operating requirements.

No warranty or guarantee of any type is implied or intended for the use of ICDs by the QRXS user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the QRXS user will not hold or attempt to hold the Data Bank(s) or individuals associated with them responsible for damages of any type resulting from its use.

The Data Bank(s) make no commitment, and none shall be inferred by the QRXS user or its customers, for providing any technical support or other assistance or consultation whatsoever regarding the modification, installation, use, maintenance, or operation of software produced by the QRXS user to produce transaction files as described in the ICD.

Any QRXS user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The QRXS user is required to inform its customers that the Data Bank(s) do not sanction or authorize any software, other than software produced by the NPDB or the HIPDB, that produces transaction files as described in the ICD.

The QRXS user agrees to indemnify and hold harmless the Data Bank(s) in the event that one of its customers obtains a judgment as a result of any use of the QRXS user's software.

Definitions:

Customer – Any NPDB or HIPDB entity to whom the QRXS user provides application software and support for electronic querying and/or reporting to the NPDB-HIPDB.

HIPDB entity – Any entity that is authorized to query or report to the HIPDB, pursuant to 42 U.S.C. §1301, *et seq.*, as amended by Sections 201 and 205, the *Health Insurance Portability and Accountability Act of 1996*.

ICD – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB).

NPDB entity – Any entity that is authorized to query or report to the NPDB, pursuant to 42 U.S.C. §11101, *et seq.*, the *Health Care Quality Improvement Act of 1986*.

QRXS user – Any individual who or organization that implements software to produce transaction files as described in the ICD, either for his, her, or its own use or to provide to NPDB or HIPDB entities.

Appendix B: Rules of Behavior

All individuals that have access to obtain information from and report information to the NPDB-HIPDB system must comply with the following conditions:

B.1 Ownership

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB-HIPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

B.2 Responsibilities

Individual users are provided with a unique user ID and initial password to access this system. You are responsible for maintaining the integrity of and are held accountable for everything done using your user ID and password. No other person, including those at the NPDB-HIPDB Customer Service Center has access to your password. Passwords shall not be shared with others. If password security is suspected to be compromised you agree to change the password immediately, and notify the NPDB-HIPDB Customer Service Center.

Information and activities associated with the NPDB-HIPDB system shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation; and contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information. "Information" is defined as any information you provide to the NPDB-HIPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB-HIPDB system.

B.3 Confidentiality

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB and the HIPDB is confidential and shall not be disclosed except as specified in the NPDB and HIPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB and/or HIPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB-HIPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.

B.4 Intrusion Detection

The system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

Individuals using this system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g. data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system.

Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

B.5 Violation of Rules of Behavior

In the event it is suspected that you have not complied with these rules of behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB-HIPDB system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the NPDB-HIPDB system.