

APPENDIX A: Glossary

This glossary contains terms that relate to the National Practitioner Data Bank (NPDB), and the definitions apply only to their usage in conjunction with the NPDB and its policies and procedures.

adverse action — (1) an action taken against a practitioner’s clinical privileges or medical staff membership in a health care entity, or (2) a licensure disciplinary action.

Adverse Action Codes — a list of adverse actions and the codes used to identify them when submitting reports to the NPDB.

Adverse Action Report (AAR)— the format used by health care entities and State Licensing Boards to report an adverse action taken against a physician, dentist, or other health care practitioner.

adversely affects — reduces, restricts, suspends, revokes, or denies clinical privileges or membership in a health care entity.

authorized agent — an individual or organization that an eligible entity designates to query the NPDB on its behalf. In most cases, an authorized agent is an independent contractor to the requesting entity (for instance, a county medical society or state hospital association) used for centralized credentialing. An authorized agent cannot query the NPDB without designation from an eligible entity.

authorized submitter — an individual empowered by an eligible entity to submit reports or queries to the NPDB. The authorized submitter certifies the legitimacy of information in a query or report submitted to the NPDB. In most cases, the authorized submitter is an employee of the eligible entity (such as an Administrator or Medical Staff Director).

board of medical examiners — a body or subdivision of such body that is designated by a State for licensing, monitoring, and disciplining physicians or dentists. This term includes boards of allopathic or osteopathic examiners, a composite board, a subdivision, or an equivalent body as determined by the State.

clinical privileges — privileges, membership on the medical staff, and other circumstances (including panel memberships) in which a physician, dentist, or other licensed health care practitioner is permitted to furnish medical care by a health care entity.

Correction — a change intended to supersede a report in the NPDB.

Data Bank Identification Number (DBID) — a unique, 15-digit, identification number assigned to eligible entities and authorized agents when they register with the NPDB. Entities and agents need this number to query and report to the NPDB using the IQRS. The DBID must be included on all correspondence to the NPDB.

dentist — a doctor of dental surgery, a doctor of dental medicine, or the equivalent who is legally authorized to practice dentistry by a State, or who, without authority, holds himself or herself out to be so authorized.

Department of Health and Human Services (HHS)— the Government agency responsible for administration of the NPDB.

dispute — a formal, written objection of the accuracy of a report or the fact that a specific event was reported to the NPDB. Disputes may be made only by the subject of a report.

Data Bank Control Number (DCN) — the identification number assigned by the NPDB that is used to identify each query and report. Eligible entities use the DCN when submitting a Correction or a Void to the NPDB.

draft—a report that is temporarily stored without being submitted to the NPDB-HIPDB for processing. Reporters may create drafts of any type of report and store them for future retrieval for up to 30 days. Draft reports are not required to have all mandatory data elements completed and are not considered valid submissions to the NPDB-HIPDB.

Drug Enforcement Administration (DEA) — the Government agency that registers practitioners to dispense controlled substances and assigns practitioners Federal DEA Numbers.

Electronic Funds Transfer (EFT) — a method of electronic payment for NPDB queries. Entities may authorize their banks to directly debit their accounts in order to pay for queries processed by the NPDB. To use the Electronic Funds Transfer payment method, entities must provide to the NPDB the account number, routing code, and type of account (checking or savings) for the bank account from which fee payment is authorized.

eligible entity — an entity that is entitled to query and/or report to the NPDB under the provisions of Title IV of Public Law 99-660, as specified in 45 CFR Part 60. Eligible entities must certify their eligibility to the NPDB in order to query and/or report.

Entity Primary Function Codes — two-digit code that best describes the primary function your entity performs. The code is used on the *Entity Registration* form.

formal peer review process — the conduct of professional review activities through formally adopted written procedures that provide for adequate notice and an opportunity for a hearing.

Freedom of Information Act (FOIA) — the law that provides public access to Federal Governmental records. See the Information Sources chapter of this *Guidebook*.

Health Care Quality Improvement Act of 1986, as amended — Title IV of Public Law 99-660; legislation intended to improve the quality of medical care by encouraging hospitals, State Licensing Boards, and other health care entities, including professional societies, to

identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent practitioners to move from State to State without disclosure or discovery of the practitioners' previous damaging or incompetent performance.

health care entity — (1) a hospital; (2) an entity that provides health care services and follows a formal peer review process for the purpose of furthering quality health care; or (3) a professional society or a committee or agent thereof, including those at the national, State, or local level, of physicians, dentists, or other health care practitioners, that follows a formal peer review process for the purpose of furthering quality health care.

health care practitioner — an individual other than a physician or dentist (1) who is licensed or otherwise authorized by a State to provide health care services, or (2) who, without State authority, holds himself or herself out to be authorized to provide health care services.

hospital [as described in Section 1861(e)(1) and (7) of the *Social Security Act*] — an institution primarily engaged in providing, by or under the supervision of physicians, to inpatients (1) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (2) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and, if required by State or local law, is licensed or is approved by the agency of the State or locality responsible for licensing hospitals as meeting the standards established for such licensing.

ICD Transfer Program (ITP) — a program that transmits Interface Control Document (ICD) report and query files to and from the NPDB-HIPDB. This option is used by entities that do not have access to the IQRS, or prefer to generate reports and queries using custom software.

Initial Report — the original record of a medical malpractice payment or adverse action submitted by a reporting entity. An eligible entity references an Initial Report (using the DCN) when submitting a Correction, Void, or Revision to Action.

Integrated Querying and Reporting Service (IQRS) — an electronic, Internet-based system for querying and reporting to the NPDB and the HIPDB.

Interface Control Document (ICD) — a file format for the NPDB-HIPDB that represents all components of reports and queries. Entities who do not have access to the Internet may ftp their queries and reports in ICD format.

licensure disciplinary action — (1) revocation, suspension, restriction, or acceptance of surrender of a license; and (2) censure, reprimand, or probation of a licensed physician or dentist based on professional competence or professional conduct.

medical malpractice payer — an entity that makes a medical malpractice payment through an insurance policy or otherwise for the benefit of a practitioner.

medical malpractice payment — a monetary exchange as a result of a settlement or judgment of a written complaint or claim demanding payment based on a physician's, dentist's, or other licensed health care practitioner's provision of or failure to provide health care services, and may include, but is not limited to, the filing of a cause of action, based on the law of tort, brought in any State or Federal Court or other adjudicative body.

Medical Malpractice Payment Report — the format used by medical malpractice payers to report a medical malpractice payment made for the benefit of a physician, dentist, or other health care practitioner.

NPDB-HIPDB Customer Service Center — The Customer Service Center encompasses all the tools and services that the Data Banks use to support customers. Questions may be directed to Information Specialists at the Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 1-703-802-9395).

Occupation/Field of Licensure Codes — a list of occupational activities/licensure categories for health care practitioners, providers, and suppliers, and the codes used to identify them.

physician — a doctor of medicine or osteopathy who is legally authorized to practice medicine or surgery by a State, or who, without authority, holds himself or herself out to be so authorized.

Portable Document Format (PDF) — files with a .pdf extension, such as Adobe Acrobat Reader files. Format used for NPDB query and report responses and other forms accessed via the IQRS.

practitioner — a physician, dentist, or other licensed health care practitioner.

Privacy Act — the law that establishes safeguards for the protection of Federal systems of records the Government collects and keeps on individual persons. See the Information Sources chapter of this *Guidebook*.

professional review action — an action or recommendation of a health care entity:

- (1) taken in the course of professional review activity;
- (2) based on the professional competence or professional conduct of an individual physician, dentist, or other health care practitioner which affects or could affect adversely the health or welfare of a patient or patients; and
- (3) which adversely affects or may adversely affect the clinical privileges of the physician, dentist, or other health care practitioner.
- (4) This term excludes actions which are primarily based on: (a) the physician's, dentist's, or other health care practitioner's association, or lack of association, with a professional

society or association; (b) the physician's, dentist's, or other health care practitioner's fees or the physician's, dentist's, or other health care practitioner's advertising or engaging in other competitive acts intended to solicit or retain business; (c) the physician's, dentist's, or other health care practitioner's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis; (d) a physician's, dentist's, or other health care practitioner's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional; or (e) any other matter that does not relate to the professional competence or professional conduct of a physician, dentist, or other health care practitioner.

professional review activity — an activity of a health care entity with respect to an individual physician, dentist, or other health care practitioner: (1) to determine whether the physician, dentist, or other health care practitioner may have clinical privileges with respect to, or membership in, the entity; (2) to determine the scope or conditions of such privileges or membership; or (3) to change or modify such privileges or membership.

professional society — an association of physicians or dentists that follows a formal peer review process for the purpose of furthering quality health care.

QPRAC — software previously available from the NPDB that allowed eligible entities to query and report electronically either via network telecommunication using a modem or on diskettes submitted by mail. QPRAC has been replaced by the IQRS.

query — a request for information submitted to the NPDB by an eligible entity or authorized agent via the IQRS or ICD format.

report — record of a medical malpractice payment or adverse action submitted to the NPDB by an eligible entity. Reports may be submitted via the IQRS or by ITP using the appropriate ICD format.

Revision to Action — an action relating to and modifying an adverse action previously reported to the NPDB. A Revision to Action does **not** supersede a previously reported adverse action. An entity that reports an Initial adverse action must also report any revision to that action.

Secretary — the Secretary of Health and Human Services.

Secretarial Review — the recourse provided a practitioner in the event that he or she disputes a report to the NPDB and the reporting entity (1) declines to change the report or (2) does not respond. The Secretary of HHS will review the case and determine whether the report is factually accurate or should have been reported to the NPDB.

self-query — a subject's request for information contained in the NPDB-HIPDB about himself or herself. All self-query requests are automatically submitted to both the NPDB and the HIPDB. A self-query may not be sent to only one Data Bank.

State — the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

State licensing board — a generic term used to refer to State medical and dental boards, as well as those bodies responsible for licensing other health care practitioners.

State medical or dental board — a board of medical examiners.

subject statement — a statement of up to 2,000 characters (including spaces and punctuation) or less submitted by a subject practitioner regarding a report contained in the NPDB.

Void — a retraction of a report in its entirety. Voided reports are not disclosed in response to queries, including self-queries by practitioners. Reports may be voided only by the reporting entity or the Secretary of HHS through Secretarial Review.

45 Code of Federal Regulations Part 60 (45 CFR 60) — Federal regulations that govern the NPDB. See Appendix B.