

# **NATIONAL PRACTITIONER DATA BANK (NPDB)**

## **INTERFACE CONTROL DOCUMENT (ICD) FOR CONTINUOUS QUERY XML TRANSACTIONS**

**Version 2.00**

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Health Resources and Services Administration  
Bureau of Health Professions  
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## DOCUMENT CHANGE HISTORY

The table below identifies changes that have been incorporated into each baseline of this document.

Date	Version #	Change Description
4/2009	1.00	Draft Version.
6/15/2009	1.01	Final Version.
8/31/2009	1.02	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) XML Transactions version 1.02. Effective August 31, 2009, this ICD version 1.02 replaces the previous version.</p> <ul style="list-style-type: none"> <li>Removed the numberOfSubjectsChargedSeparately element from the Charge Receipt record. See Section 3.21.</li> <li>Added the subjectNotificationFailure item to the report (PDS Response, Report Disclosure) element. See Sections 3.27 and 3.59.</li> <li>A QRXS test environment is now available. See Section 1.3.3.</li> <li>Changed the length of the professional school name to 200 characters. See Table 4-1.</li> <li>Added the voidReason item to the void element. See Section 3.63 and Table 4-1.</li> </ul>
8/31/2009	1.03	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) XML Transactions version 1.03. Effective August 31, 2009, this ICD version 1.03 replaces version 1.02. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>Added command-line password change option. See Sections 1.2 and 1.4.5.</li> </ul>
10/19/2009	1.04	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) XML Transactions version 1.04. This version contains changes that are based on the anticipated final regulations to implement Section 1921 of the Social Security Act, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (MMPPPA), and as amended by the Omnibus Budget Reconciliation Act of 1990. There may be additional changes to this document as a result of final federal review process.</p> <p>This version will be effective on the date as published in the Federal Register. This ICD version 1.04 will replace will replace version 1.03. The changes in this draft version are indicated below:</p> <ul style="list-style-type: none"> <li>Added descriptions for findingDate; modified descriptions for classification/code, basis/code, and basis/description. See Table 4-1.</li> <li>Modified the definitions for NPDB and HIPDB within APPENDIX A.</li> </ul>

Date	Version #	Change Description
		<ul style="list-style-type: none"> <li>Added a statement that a maximum of three updated fields per subject are allowed for Update transactions. See Section 1.2.</li> <li>Updated date fields to show a length of 10-16 characters. See Section 4.</li> </ul>
3/1/2010	1.05	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) XML Transactions version 1.05. This version contains changes that are based on the final rule for Section 1921 of the Social Security Act, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (MMPPPA), and as amended by the Omnibus Budget Reconciliation Act of 1990. The final rule was published in the Federal Register January 28, 2010. Effective March 1, 2010, the Data Banks accepts reports and queries to the NPDB under Section 1921.</p> <p>This version will be effective on March 1, 2010. This ICD Version 1.05 will replace version 1.04. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>Announcement of final rule. No content changes.</li> </ul>
8/30/2010	1.06	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) XML Transactions version 1.06. Effective August 30, 2010, this ICD version 1.06 replaces version 1.05. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>Added Section 1.4.6 - Response File Security.</li> <li>Updated Figure 4, Report Disclosure Notification File, in Section 2.2.3 to show Previous Disclosure Date.</li> <li>Updated Section 3.30, Report Data, to show the new correctedFields element.</li> <li>Added Section 3.31, Corrected Fields, to describe the new element correctedFields.</li> <li>Updated Figure 42, Affiliation Record, in Section 3.36 to show that the nature of relationship is not required.</li> <li>Added a note to the credit card number, agentDBID and ssn fields to describe how these fields will be masked in response files. See Section 4.</li> </ul>

Date	Version #	Change Description
8/22/2011	1.07	<p>Below is a summary of changes to the Interface Control Document (ICD) for Continuous Query XML Transactions version 1.07. Effective August 22, 2011, this ICD version 1.07 replaces version 1.06. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>• Changed Proactive Disclosure Service (PDS) references to Continuous Query.</li> <li>• Updated URLs to the Data Banks' Informational Website.</li> <li>• Increased length of elements organizationName, entityName, affiliation/name, hospitalAffiliation/name, agencyProgramName, investigatingAgency/agencyName, forAuthorizedUseBy, and sender to 60 characters. See Tables 4-1, 4-4, 4-5, 4-6, 4-10, 4-11, 4-12.</li> </ul>
Reserved	1.08	Reserved.
8/22/2011	1.09	<p>Below is a summary of changes to the Interface Control Document (ICD) for Continuous Query XML Transactions version 1.09 Effective August 22, 2011, this ICD version 1.09 replaces version 1.07. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>• Updated Section 1.4.2, User Account Password Policies to state that password restrictions and guidelines can be found at <a href="http://www.npdbhrsa.gov/Passwords">http://www.npdbhrsa.gov/Passwords</a>.</li> <li>• Removed Section 1.4.5, Password Restrictions.</li> </ul>
8/27/2012	1.10	<p>Below is a summary of changes to the Interface Control Document (ICD) for Continuous Query XML Transactions version 1.10. Effective August 27, 2012, this ICD version 1.10 replaces version 1.09. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>• Updated Sections 3.32 and 3.33, NPDB Authority and HIPDB Authority, respectively, to show future deprecation of these elements.</li> <li>• Updated Figures 36, 38, and 39 to illustrate NPDB Authority and HIPDB Authority changes.</li> <li>• Added Sections 3.34 and 3.35, Maintained Under and Notes, respectively, to replace the NPDB Authority and HIPDB Authority records in the future.</li> <li>• Added Figures 40 and 41 to illustrate the Maintained Under and Notes Records.</li> <li>• Updated Table 4-3, Response Elements, to reflect the changes noted above.</li> </ul>

Date	Version #	Change Description
9/3/2013	2.00	<p>Below is a summary of changes to the Interface Control Document (ICD) for Continuous Query XML Transactions version 2.00. Effective early 2014, this ICD version 2.00 will replace version 1.10. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> <li>• Removed Figure 38, Section 3.32 and Figure 39, Section 3.33, the deprecated NPDB Authority and HIPDB Authority records.</li> <li>• Updated Figure 36 in Section 3.30 to remove the NPDB Authority and HIPDB Authority references.</li> <li>• Updated Figure 34 in Section 3.28 and Figure 35 in Section 3.29 to add the additionalEntityName field.</li> <li>• Updated Table 4-4, Report Elements, to remove references to the npdb and hipdb data elements. Also, added additionalEntityName and latestContact/additionalEntityName.</li> <li>• Updated URLs to the Data Bank's Informational Website: <a href="http://www.npdb.hrsa.gov">http://www.npdb.hrsa.gov</a></li> <li>• Updated the email address for the NPDB Customer Service Center to <a href="mailto:help@npdb.hrsa.gov">help@npdb.hrsa.gov</a>.</li> <li>• Removed references to the HIPDB to reflect the merger of the two separate Data Banks into the NPDB, effective May 6, 2013.</li> <li>• Updated Section 1.4.3, Resetting Passwords to state that users may reset their own passwords from the <i>Data Bank Sign In</i> page.</li> <li>• Updated Section 4 Table 4-4 with new dispute resolution terminology.</li> <li>• Updated Section 1.1 to announce that in Summer 2014, ITP will be permanently replaced with QRXS.</li> </ul>

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# 1. Overview

## 1.1 Introduction

This Interface Control Document (ICD) provides information about the format, structure, and content of electronic files for submitting Continuous Query transactions via the Querying and Reporting XML Service (QRXS) client program to the National Practitioner Data Bank (NPDB). Transactions are requests by statutorily authorized entities for information disclosure from the NPDB. Continuous Query was developed in response to the growing interest in continuous monitoring of health care practitioners.

There are three methods for using Continuous Query:

- 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 Continuous Query Transactions*, available at <http://www.npdb.hrsa.gov/ITP>. In Summer, 2014, ITP will be permanently replaced with QRXS.

The IQRS is the primary method of submission. The IQRS supports transactions through a web-based interface using a browser. Submission by QRXS is an alternative for those entities who generate transactions automatically from custom software or other special purpose software.

To submit to the NPDB, an entity must be authorized to query under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986* or Section 1921 of the *Social Security Act*, as amended by the Omnibus Budget Reconciliation Act of 1990; and 45 CFR Part 60; or Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the NPDB. Attempts to access the Data Bank by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute.

This document should be used only for submitting Continuous Query transactions to, and receiving from the Data Bank. To submit one-time queries to the Data Bank, use the ICD for query transactions. To submit reports to the Data Bank, use the ICDs for Judgment or Conviction Report (JOCR) XML Transactions, Medical Malpractice Payment Report (MMPR) XML Transactions, or Adverse Action Report (AAR) XML Transactions, as appropriate. To submit password change transactions to the Data Bank, use the ICD for Password Change XML Transactions. These ICDs are available at <http://www.npdb.hrsa.gov>. Only authorized and registered users are permitted to report to the Data Bank.

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 NPDB Customer Service Center as specified in Section 1.5, Contact Information.

## 1.2 Types of Transactions

Enrolling a subject is similar to using the existing query service provided by the Data Bank. Initially, all reports pertaining to the enrolled subject will be disclosed to the entity. If a new report on an enrolled subject is received by the Data Bank, it will be disclosed immediately to the enrolling entity. Using the one-time query facility an entity would have to re-query to become aware of new reports. As the Data Bank receives changes to a report (e.g., the subject of a report adds a statement to a report), entities that have queried on the subject within the last three years receive a copy of the changed report via U.S. mail. If the subject of the report is enrolled by an entity, that entity will instead receive the changed report via proactive disclosure. The entity will be apprised of all report activity pertaining to an enrolled subject

while the enrollment is active. If the enrollment is canceled, the entity will receive future report changes via the IQRS (and optionally the U.S. mail) for three years from the date that the report was disclosed.

There are several types of Continuous Query transactions:

- Enrollment - Enrolls an individual subject (e.g., health care practitioner). Organization subjects are not supported by Continuous Query. Enrollment transactions can include one or more subjects in a single transaction file. For billing purposes, each subject enrolled in a particular month will have an enrollment that expires one year from the end of that month (e.g., all subjects enrolled in January 2010 regardless of the day of enrollment, have an expiration date of January 31, 2011). The enrollment fee will be assessed upon submission of the enrollment(s).
- Report Disclosure - Discloses a new or updated report on an enrolled subject within one business day of the Data Bank receiving a report or a change to a report. Report disclosures can only contain a single report in one transaction file. A disclosure reason will be provided with each report disclosure.
- Update - Changes or additions to an enrollment. An entity might submit an update to change a subject's address, or add a Social Security Number, for example. Each update submission file may only include a single subject to update, with a maximum of three updated fields per subject.
  - o Updates cannot be submitted while the enrollment or a previous update of that subject is still being processed. If you try to update a subject before the initial enrollment is complete or before an earlier update of that same subject is complete, the update will be rejected.
- Renewal - Extends the enrollment's expiration date for an additional year. Enrollments may be renewed at any time within two months of expiration. For renewal transactions, all subjects submitted together in the same batch must have the same expiration date. Optionally, report information can be returned in response to a renewal. An enrollment will be "suspended" if the enrollment is not renewed by the expiration date. Reports will not be disclosed for an enrollment that has been suspended. The enrollment will be "re-activated" if it is renewed within one month of the expiration date. When an enrollment is re-activated any report disclosures withheld during the suspension period will be made available for download. A suspended enrollment will be automatically canceled if it is not renewed within one month of the expiration. Enrollments that are canceled cannot be re-activated. The IQRS allows an entity administrator to elect to have all enrollments automatically renewed so that renewal transactions are not necessary.
- Cancellation - Cancels the enrollment of a subject. Each cancellation submission file may include one or more enrollment cancellations. Enrollments that are canceled cannot be re-activated. Billing credits will not be issued for the cancellation of a subject enrollment prior to the expiration of the enrollment. A subject enrollment must be canceled immediately when the subject leaves the enrolling organization. Failure to cancel enrollment of a subject that is no longer part of the enrolling organization is a violation of the confidentiality provisions of the *Health Care Quality Improvement Act of 1986*, as amended, and may result in a financial penalty.
- Status Request - Provides verification of enrollment status and dates. The results of a status request may be used for audit purposes. Optionally, report information can be returned in response to a status request. Each status request submission file may include one or more enrollment status requests. For audit purposes, enrollment status information is available for four years from the enrollment cancellation date.

In addition, the QRXS allows Report Change Notification transactions, Data Bank Correspondence transactions and Password Change Transactions.

- Report Change Notification transactions can occur for several reasons. Once a report has been accepted by the Data Bank, 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 Dispute Resolution Manager by the authority of the Secretary of Health and Human Services (HHS) review the disputed report. This transaction provides the latest version of the report to the entity that received an earlier version of the report in a query response. This type of transaction is documented in [Section 2.2.4](#).
- Data Bank Correspondence transactions enable the Data Bank to communicate important messages to an entity's users. This type of transaction is documented in [Section 2.2.5](#).
- Password Change transactions enable a user and an administrator to change their passwords and enables an administrator to reset a user's password. The QRXS provides two alternative methods for submitting password changes and resets. File-based password transactions are documented in the Password Change Transaction Specification, which includes an ICD, XML Schema, and sample files, and is available at <http://www.npdb.hrsa.gov/QRXS>. Command-line password change transactions provide a simpler alternative and do not require constructing a submission file. Instructions for submitting command-line password change transactions can be found in the QRXS Client Program User Guide.

## 1.3 Submission of Continuous Query Transactions

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting Continuous Query transactions to the Data Bank via the QRXS and for interpreting (i.e., parsing) electronic transaction responses received from the QRXS. QRXS files submitted to the Data Bank 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 the Code Lists may be used in coded fields. The party submitting a transaction file to the Data Bank is solely responsible for ensuring that the file adheres to the format specified in this ICD. The Data Bank recommends 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 Data Bank via the QRXS client program. The QRXS client and user guide are available on the Data Bank website at <http://www.npdb.hrsa.gov/QRXS>. For security, all communication with the QRXS is transmitted over a secure socket layer (SSL) connection.

### 1.3.2 Code Lists

The code lists referenced in this document are available in both the Code List document and comma separated variable (CSV) format with the Continuous Query Specifications at <http://www.npdb.hrsa.gov/QRXS>. The code lists are also available on the Data Bank website at <http://www.npdb.hrsa.gov/Codes>.

### 1.3.3 The QRXS Test Environment

The QRXS test environment enables you to test network connectivity to the Data Bank system and to validate your submission files are well-formed and meet the mandatory data requirements. Instructions for accessing the QRXS test environment can be found in the QRXS client program user guide.

## 1.4 User Account Security

### 1.4.1 User Accounts

Each entity has two types of accounts to access the Data Bank, 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 Bank. The Data Bank has 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 User Account Password Policies

A user must provide their organization's DBID, user ID, and user account password each time they access the IQRS, QRXS, or ITP. 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 Specifications at <http://www.npdb.hrsa.gov/QRXS>.

Users are required to change their passwords periodically. A password change request can be submitted at any time to change an account's password. Password restrictions and guidelines can be found at <http://www.npdb.hrsa.gov/Passwords>. File-based QRXS password change transactions must be submitted to the Data Bank using the Password Change Transaction Specifications. Once a password has expired, the Data Bank 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 email address stored in their user account in the IQRS. An email 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 file-based password change request transaction can only be downloaded by the same user account that submitted the transaction.**

### 1.4.3 Resetting Passwords

When a user or administrator forgets his or her password, or is locked out of the IQRS or ITP Service, he or she may reset it from the Data Bank Sign In page. From the Reset Password page, the user will answer pre-established Challenge Question(s) and enter a new password. An email confirming the password reset will be sent to the user with a link to the Data Bank Sign In page. This link is valid for one hour.

If using the QRXS, only the administrator can submit and download transactions to reset user passwords. The administrator cannot reset his or her own password. A password change transaction should be submitted instead of a password reset transaction.

### 1.4.4 Submission of Password Change/Reset Transactions to the Data Bank

File-based password change transactions can be submitted to the Data Bank using the Password Change Transaction Specifications, which include an ICD, XML Schema, and sample files, and is available at <http://www.npdb.hrsa.gov/QRXS>. Command-line password change transactions provide a simpler alternative and do not require constructing a submission file. Instructions for submitting command-line password change transactions can be found in the QRXS Client Program User Guide.

### 1.4.5 Response File Security

To enhance the security of response files, certain elements will now have a masking scheme applied to them just like their PDF counterparts. For example, social security numbers will now be in the format \*\*\*\*\*xxxx where xxxx represents the last 4 digits of the number. This corresponds with how we mask the social security number on the IQRS. Each element that has a new masking scheme will be noted in bold in the field description in Section 4.

## 1.5 Contact Information

Periodic updates are made to the ICD for Continuous Query XML Transactions by the Data Bank. To receive advance notice of QRXS news and system changes, users should join the QRXS Mailing List at <http://www.npdb.hrsa.gov/MailingLists>.

The Data Bank makes 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 NPDB Customer Service Center.

For specific questions concerning registration or the Data Bank reporting requirements, contact the NPDB Customer Service Center by email at [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov) or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may use services provided by the Data Bank. The *Entity Registration* form, information regarding the Data Bank policies and procedures, and the specifications are available at <http://www.npdb.hrsa.gov>.

## 1.6 On-line Resources

The QRXS resources necessary to use Continuous Query are available at <http://www.npdb.hrsa.gov/QRXS>. You will need the following resources:

1. The QRXS Continuous Query Specifications, which include:
  - This interface control document.
  - The code lists in comma separated variable (CSV) format.
  - Code Lists.
  - XML Schemas.
  - Sample submission and response files.
2. The QRXS Client Program and User Guide.
3. The QRXS Password Change Specifications, which include:
  - The password change interface control document.
  - XML Schemas.
  - Sample submission and response files.

The website requires that an account be created in order to access the specifications. Once this account is created, a Vendor ID will be assigned. This Vendor ID must be provided in all submission files as detailed in Section 3.1 and Table 4-1.

## **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, Data Definitions, contains the element definitions found within the schema and references to related 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 Data Bank.

## 2. Transaction File Formats

Transactions sent to the Data Bank are referred to as submission files. A submission file may contain multiple subjects for enrollments, renewals, cancellations and status requests. A submission file for an update may contain only one subject. Immediately upon accepting a submission file, the Data Bank will send a response, referred to as the confirmation response, to the submitter. The confirmation response will indicate whether the transactions as well as each subject in the submission file has been accepted or rejected for processing.

When processing of all subjects in a transaction is complete, the Data Bank will send a response file, referred to as the transaction response. Depending on the type of transaction submitted, the response may contain charge receipt information, the original subject information, and/or any reports disclosable for the subjects enrolled. For each submission containing multiple subjects, there may be more than one response file delivered.

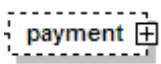
Submissions and responses are XML documents that conform to the Continuous Query schema written in the W3C XML Schema Language (version 1.0). The specifications for submission and response files are available at <http://www.npdb.hrsa.gov/ORXS>. Submission files should be checked for schema compliance 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, 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 enrollment on a batch of subjects paid for by EFT debit contains a different set of data records than the transaction file format for renewing a single subject paid for by credit card. Data that are always required are indicated in the record formats in Section 3, Transaction 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 Submission file consists of submitter and certification records followed by an enroll, cancel, update, renew or status record. Record formats are described in [Section 3, Transaction File Data Records](#).

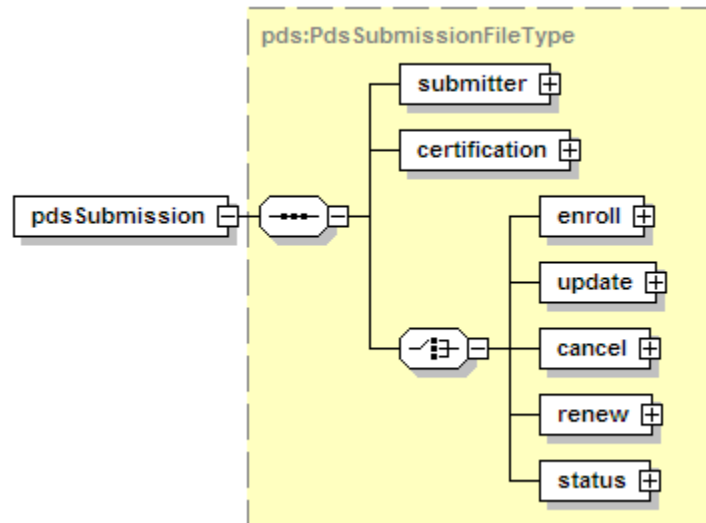


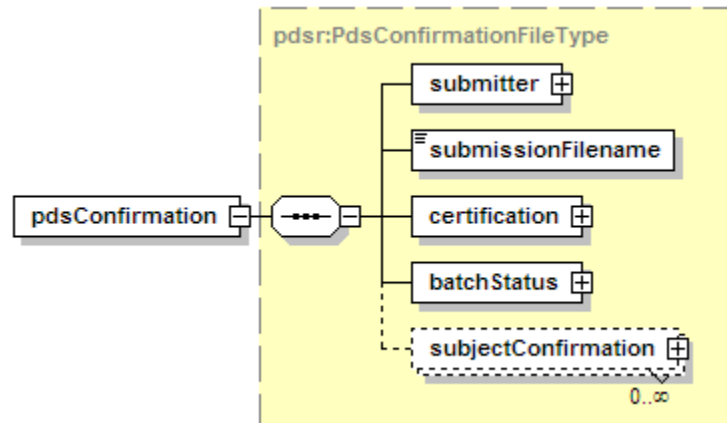
Figure 1: Submission File

## 2.2 Response File Formats

A valid Submission will immediately generate a Confirmation showing which subjects have been accepted or rejected for processing. If any subjects in the Submission are accepted for processing, the results of the transaction will be provided in a [Response File](#). Report Disclosures and Data Bank Correspondence transactions are not specifically based upon a previous submission. Report Disclosures result in a [Report Disclosure Notification File](#). Data Bank Correspondence transactions result in a [Correspondence Response File](#).

### 2.2.1 Confirmation

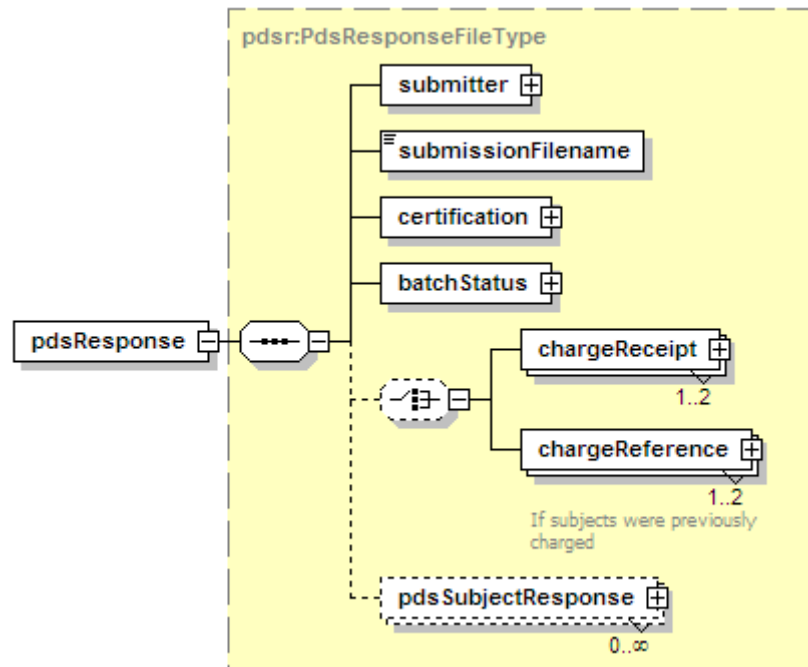
A Confirmation File consists of a submitter, submission filename, certification and batch status record followed by 0 or more subject confirmation records. There will be one subject confirmation record for each subject record in the Submission. If the transaction rejects for a batch level reason (e.g., bad certification or payment information), no subject confirmation records will be included in the Confirmation. Record formats are described in [Section 3, Transaction File Data Records](#).



**Figure 2: Confirmation File**

### 2.2.2 Response

A Response File consists of a submitter, submission filename, certification, batch status, charge receipt or charge reference and 0 or more subject response records. All subjects accepted for processing may not be returned in a single Response file. If the transaction rejects for a batch level reason (e.g., credit card refused), no subject response records will be included in the Response. Record formats are described in [Section 3, Transaction File Data Records](#).



**Figure 3: Response File**

### 2.2.3 Report Disclosure Notification

A Report Disclosure Notification File contains one record providing general disclosure information, one record describing any previous disclosures, one record describing the reason for the disclosure, followed by one report or void record. Record formats are described in [Section 3, Transaction File Data Records](#).

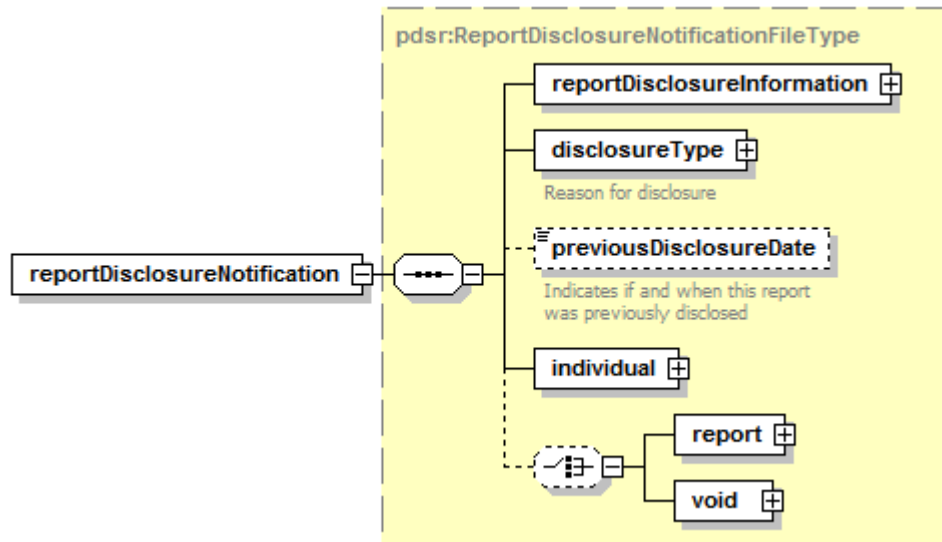


Figure 4: Report Disclosure Notification File

### 2.2.4 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](#).

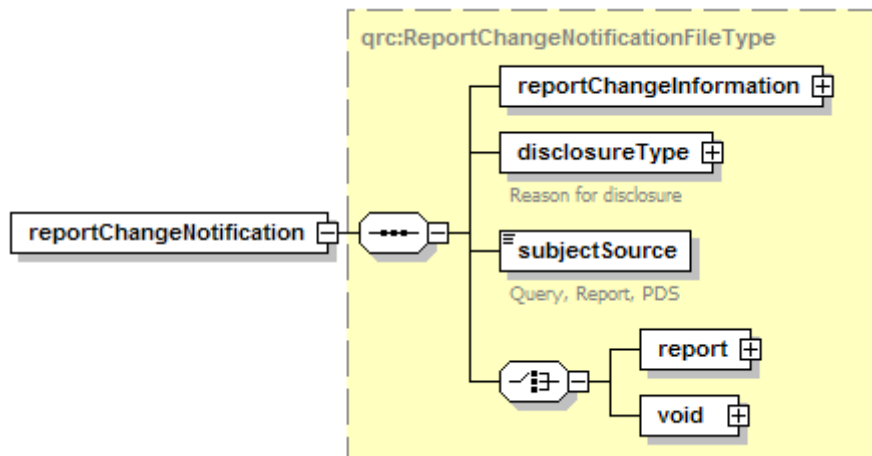
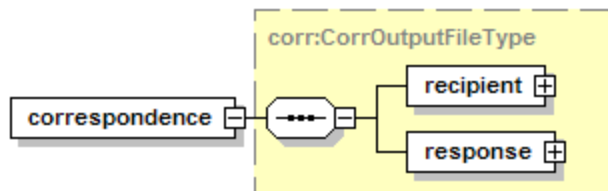


Figure 5: Report Change Notification File

### 2.2.5 Correspondence

A Correspondence File contains one recipient record identifying whom the message is for and one response record. Record formats are described in [Section 3, Transaction File Data Records](#).



**Figure 6: 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 for the data records can be found on-line at <http://www.npdb.hrsa.gov/ORXS>. A single data record type may be used in multiple transaction file formats.

Mandatory fields must be completed or the transaction **will be rejected**. If an element is ‘mandatory if known’ and the submitter does not have the information, the field **must be omitted entirely** rather than containing a default or empty value. All elements in a data record are either mandatory, or mandatory if known, depending on the type of subject and the type of action. Refer to [Section 4, Data Definitions](#) to determine the specific requirements for the type of action.

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.

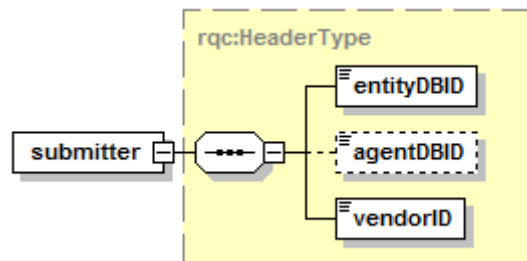
Unless otherwise noted, the specified width represents the maximum number of characters allowed for the element. **All fields larger than the specified field width will be truncated**. Data values that are shorter than the specified field width should not be padded with additional characters. **Reports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

The schema specifies that the UTF-8 character set must be used. Submission files must not contain American Standard Code for Information Interchange (ASCII) characters outside the range of 32 to 127 or the transaction 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 Data Bank’s XML 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 is usable to report all action types.

### 3.1 Submitter

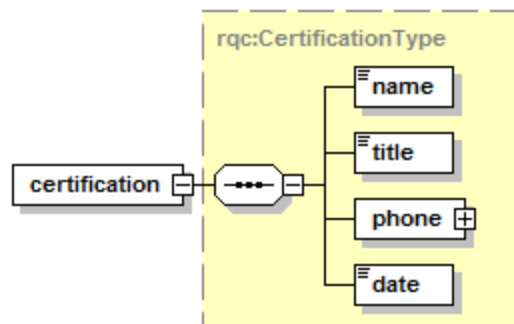
The Submitter Record is required for every submission file and included in every response. The agent DBID is used by an agent submitting a transaction on behalf of an entity.



**Figure 7: Submitter Record**

### 3.2 Certification

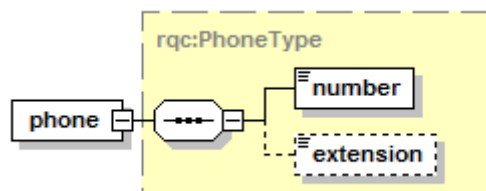
The Certification Record contains the information for the authorized submitter of the transaction or the person to contact regarding the transaction.



**Figure 8: Certification Record**

### 3.3 Phone

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



**Figure 9: Phone Record**

### 3.4 Enrollment

The Enrollment Record is used to enroll one or more subjects in Continuous Query. It consists of a purpose and payment method and one or more individual subject records. The databankSubjectID in the individual record(s) must be left blank.

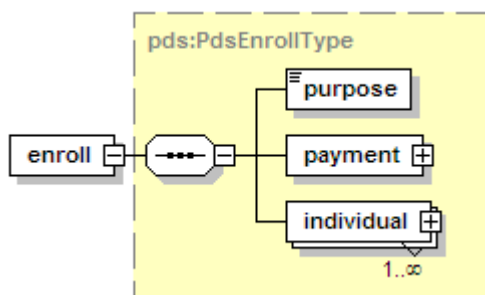


Figure 10: Enrollment Record

### 3.5 Payment Method

The Payment Record is required unless the entity is statutorily allowed to enroll or renew subjects for no charge. It consists of either an EFT or a credit card record.

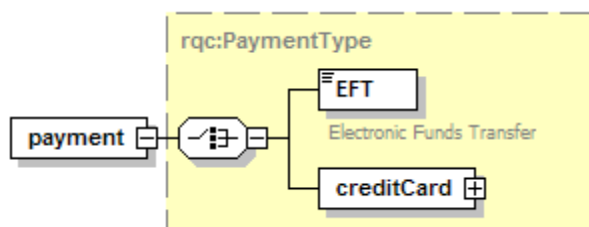


Figure 11: Payment Method Record

### 3.6 Credit Card

The Credit Card record consists of a 12 - 16 digit account number, an expiration date, the cardholder name and the cardholder address.

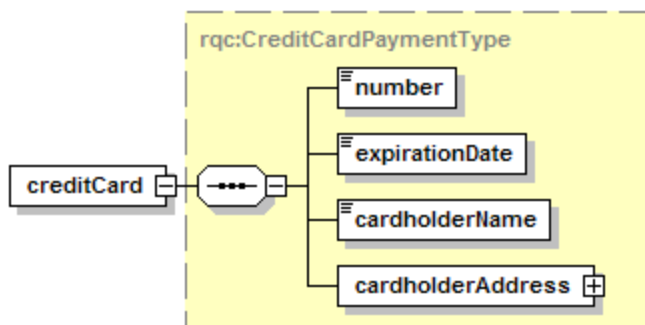
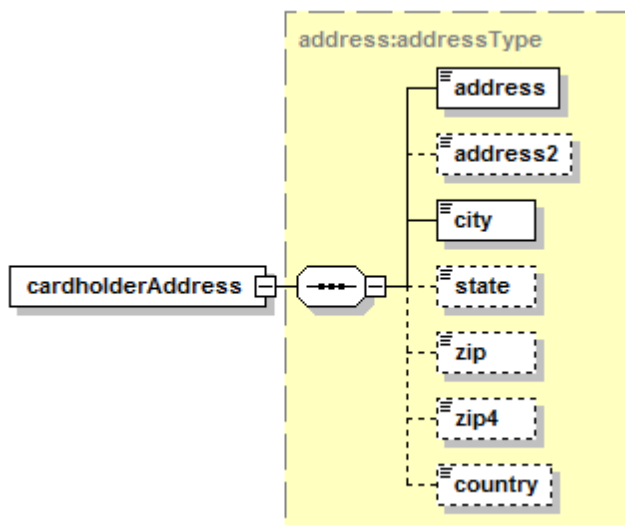


Figure 12: Credit Card Record

### 3.7 Address, Work Address, Home Address, Cardholder 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, country is required. For a complete list of state and military abbreviations, see the State Abbreviations and U.S. Territories code list.



**Figure 13: Address Record**



### 3.8 Individual (Submission, Confirmation, Response)

The Individual Record contains the subject information. A valid Continuous Query enrollment or update transaction requires the name, home or work address, gender, date of birth, field of licensure and at least one of the following: SSN or ITIN or the license number, license state and professional school.

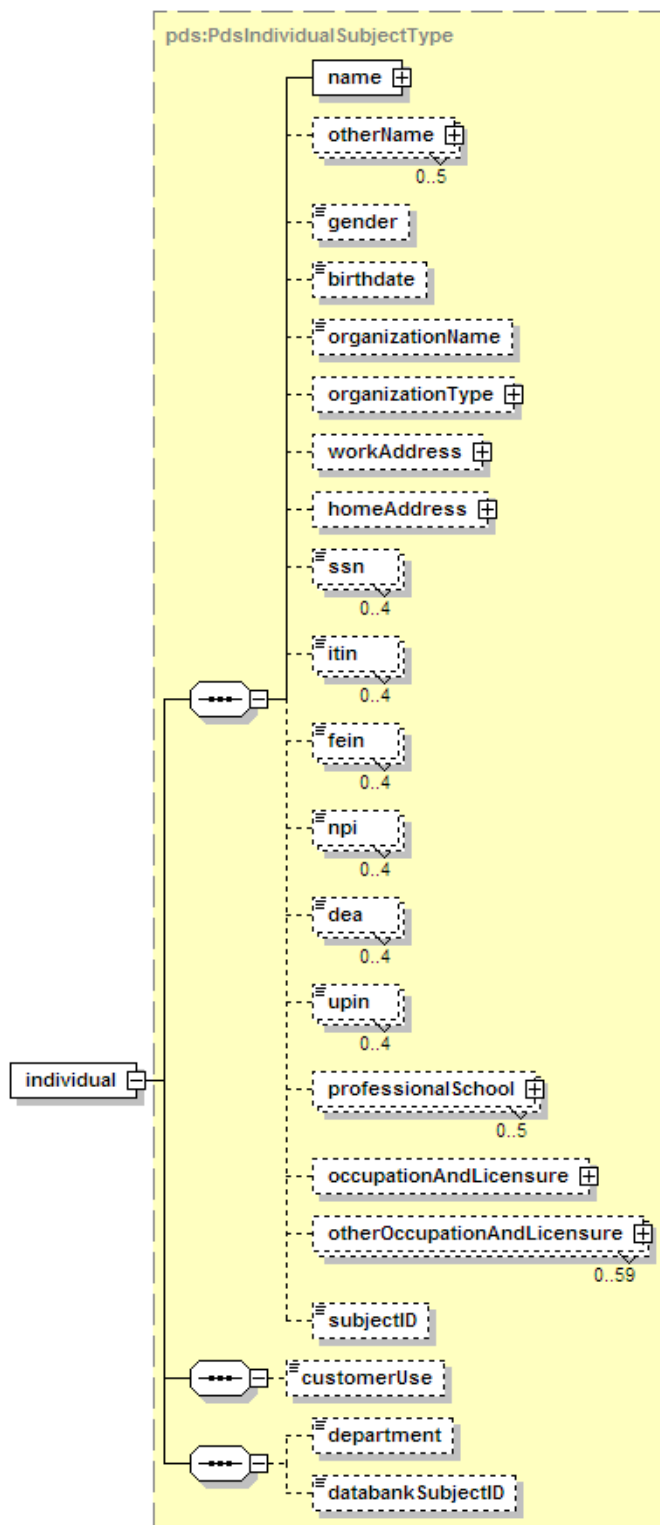


Figure 14: Individual Record

### 3.9 Name, Other Name

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

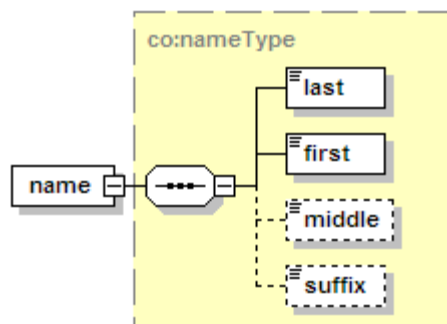


Figure 15: Name Record

### 3.10 Organization Type

The Organization Type Record contains the code that best describes the subject's principal place of employment. An optional description field is available for organization types not specified in the type of organization code list. For a complete list, see the Type of Organization code list.

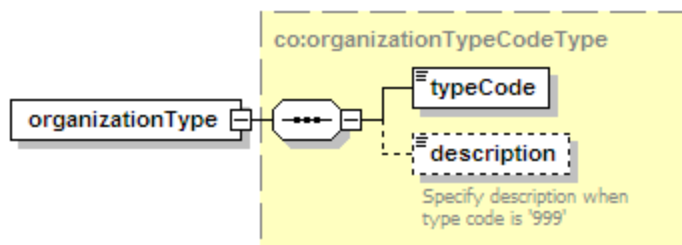


Figure 16: Organization Type Record

### 3.11 Professional School

The Professional School Record contains the school and graduation year of a subject. All fields are required when a school is specified.

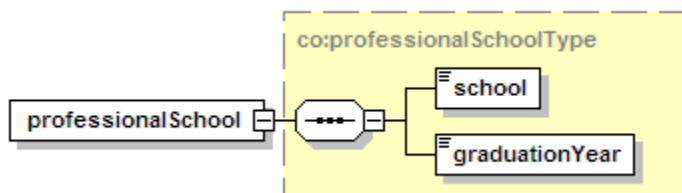


Figure 17: Professional School Record

### 3.12 Occupation and Licensure, Other Occupation and Licensure

The Occupation and Licensure Record contains the professional occupation and licensure information for a subject. Either number or noLicense is required.

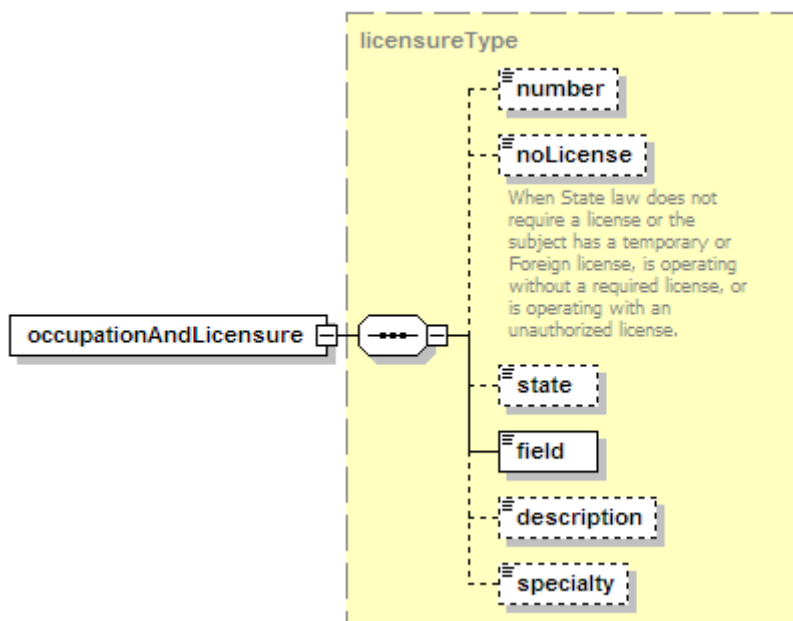


Figure 18: Occupation and Licensure Record

### 3.13 Update

The Update Record is used to update an enrolled subject. It consists of one individual subject record. Either the **subjectID** or **databankSubjectID** element must be specified and match an enrolled subject. If both the **subjectID** and **databankSubjectID** are specified, the **databankSubjectID** must match an enrolled subject and the **subjectID** will be updated to the specified value.

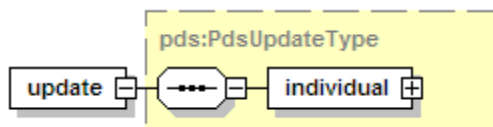


Figure 19: Update Record

### 3.14 Cancellation

The Cancellation Record is used to cancel one or more subject enrollments. It consists of one or more ID records.

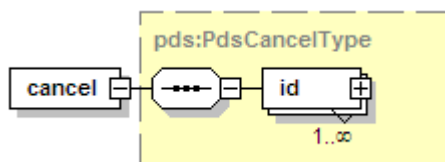


Figure 20: Cancellation Record

### 3.15 ID

The ID Record corresponds to an enrolled subject for which the submitter wants to cancel, renew or retrieve status information. Either the subjectID or the databankSubjectID must be specified. If both are specified, they must refer to the same enrolled subject.

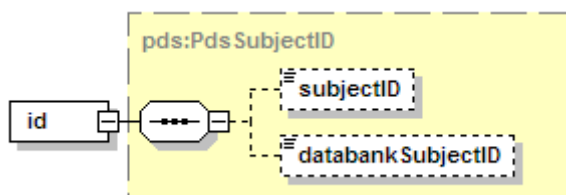


Figure 21: ID Record

### 3.16 Renewal

The Renewal Record is used to renew one or more enrolled subjects. All subjects included in the renewal transaction must have the same expiration date.

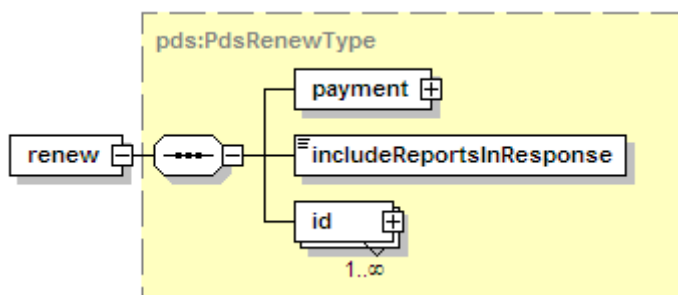


Figure 22: Renewal Record

### 3.17 Status Request

The Status Record is used to request the enrollment status for one or more enrolled or previously enrolled subjects. It can be compared to an ad hoc enrollment confirmation on the IQRS.

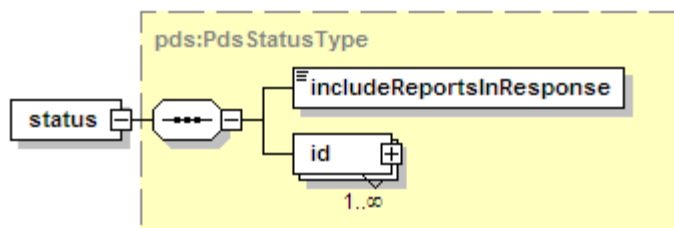


Figure 23: Status Record

### 3.18 Batch Status

The Status Record is returned as part of a Confirmation or a Response. It shows the Data Bank Control Number (DCN) of the batch or subject, the date of processing, whether the batch or subject was successfully processed, and if not successful, one or more error records describing the processing problem(s).

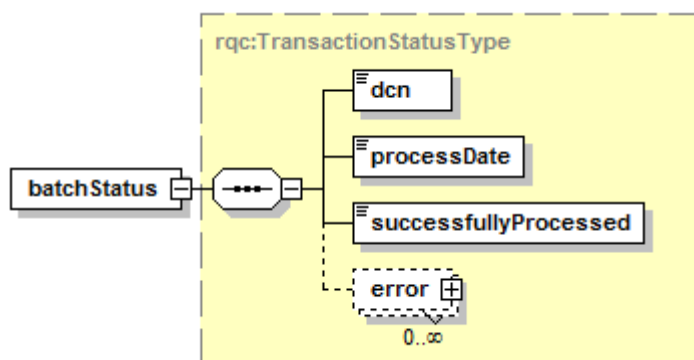


Figure 24: Batch Status Record

### 3.19 Error

The Error Record describes any processing problems encountered. For a complete list of error codes see the Error code list.

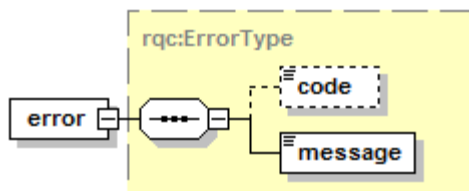


Figure 25: Error Record

### 3.20 Subject Confirmation

The Subject Confirmation Record is returned as part of a Confirmation. It shows whether the subject was accepted for processing, the DCN and one or more error records (if rejected). The Subject Confirmation also reiterates the individual information that was submitted.

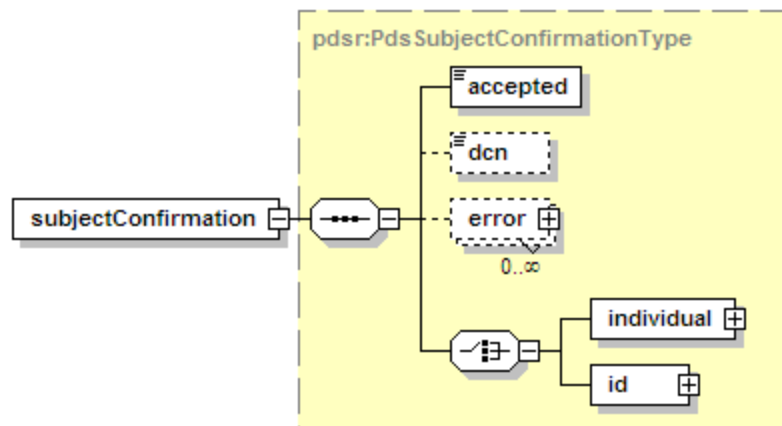


Figure 26: Subject Confirmation Record

### 3.21 Charge Receipt

The Charge Receipt Record is returned as part of the response for transactions that require payment. It consists of a Payment record, the date charged (if successfully charged), a Charge Reference record, the number of subjects in the batch, the number of subjects charged, the price per subject and the total charge. In certain cases, it may also include the number of subjects not processed and the number and dollar amount of Data Bank credits used. See the element descriptions in [Section 4](#) for more information about these optional elements.

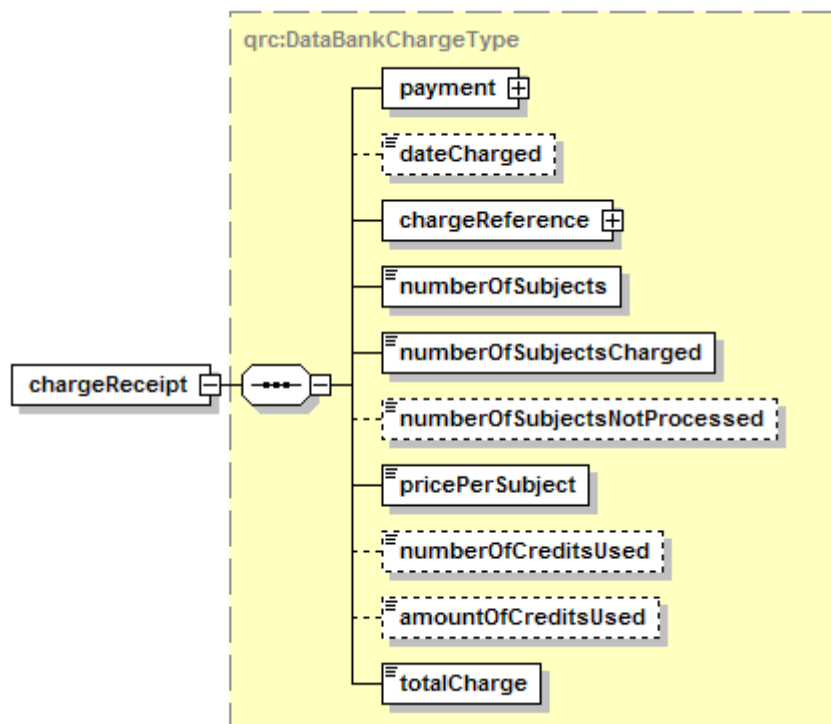


Figure 27: Charge Receipt Record

### 3.22 Payment

The Payment Record is returned as part of the charge receipt. It consists of either a no charge indicator or a Payment Method record.

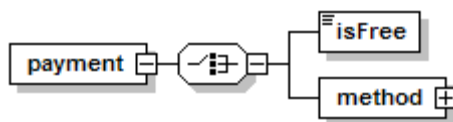


Figure 28: Payment Record

### 3.23 Charge Reference

The Charge Reference Record shows the Data Bank the charge applies to and a reference number of the transaction.

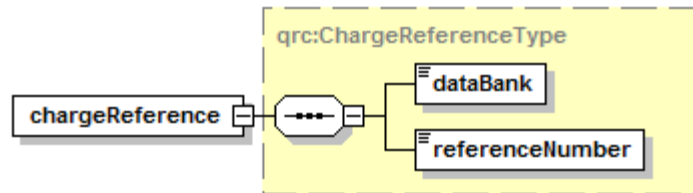


Figure 29: Charge Reference Record

### 3.24 Subject Response

The Subject Response record is returned as part of the Response. One Subject Response record will be returned for each subject accepted for processing. The Subject Response record consists of a Status record, the Individual that was processed, the statutory provisions the subject is monitored under, the current enrollment status, whether or not reports are included in this response and if reports are included, any reports associated with the subject for the given Data Bank.

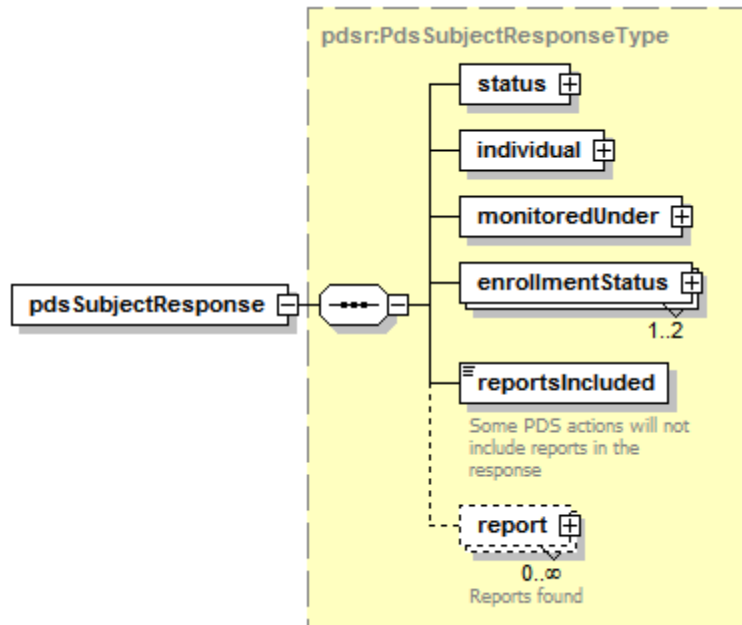
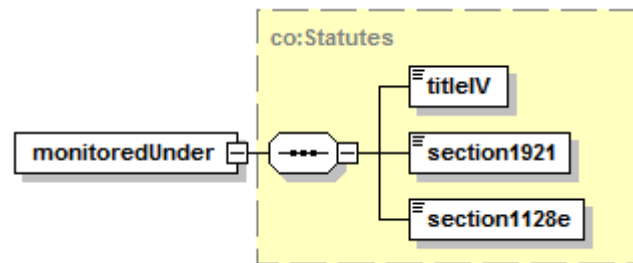


Figure 30: Subject Response Record



### 3.25 Monitoring

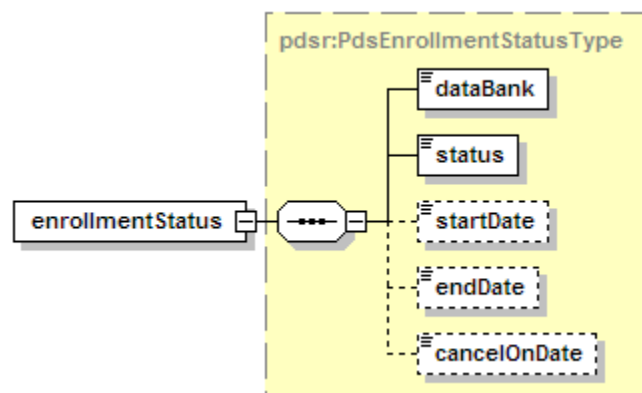
The Monitoring Record shows which statutory provisions the subject is being monitored under.



**Figure 31: Monitoring Record**

### 3.26 Enrollment Status

The Enrollment Status Record shows the current enrollment status of the subject for the given Data Bank as well as the dates the monitoring began and is expected to end.



**Figure 32: Enrollment Status Record**

### 3.27 Report (Response, Report Disclosure)

The Report Record is returned as part of the Response when the Data Bank contains an active report on the enrolled subject. The Report Record is also returned as part of a ReportDisclosure Notification. The organization and supplementalOrganization records will never be present for Continuous Query transactions.

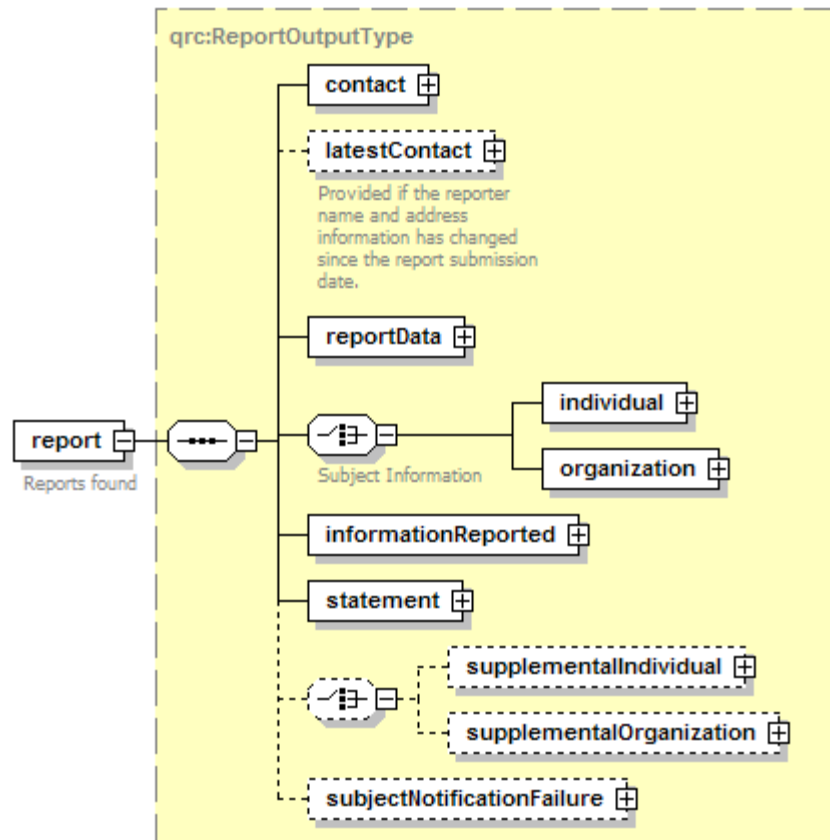
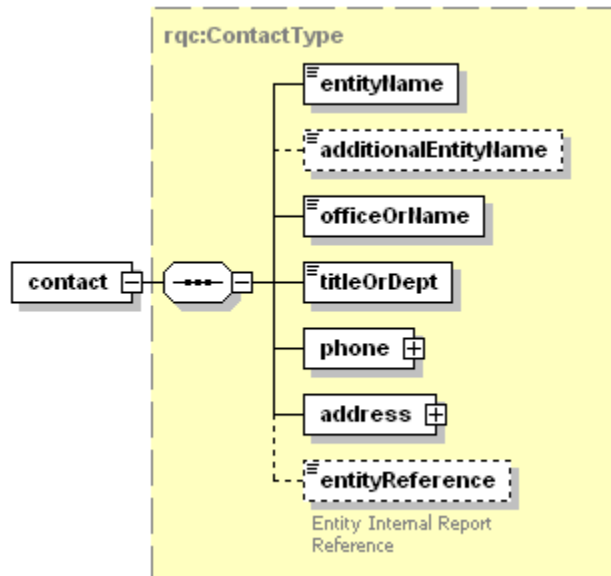


Figure 33: Report Record

### 3.28 Contact

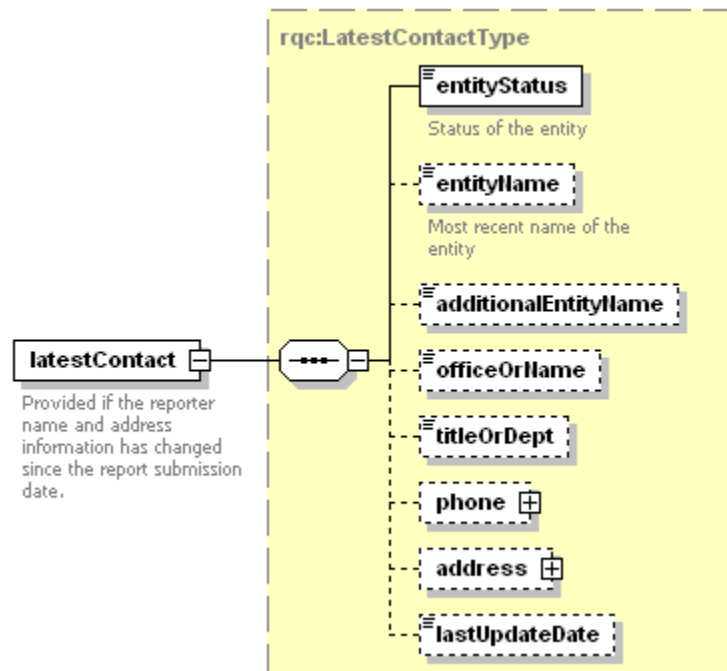
The Contact Record contains the contact information for the reporting entity.



**Figure 34: Contact Record**

### 3.29 Latest Contact

The Latest Contact Record contains the most recent contact information on file with the Data Bank 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 Bank.



**Figure 35: Latest Contact Record**

### 3.30 Report Data

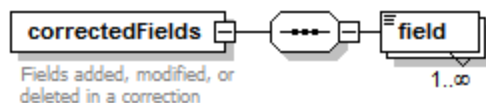
The Report Data Record contains the information for the report transaction type, information about the related report (Revision to Action reports), and statutory authority for maintaining the report in the Data Bank. For appeals, the previousDCN and previousTransaction will contain the values from the 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. For corrected reports, correctionFields will list the specific fields that were added, modified, or deleted in the corrected report.



Figure 36: Report Data Record

### 3.31 Corrected Fields

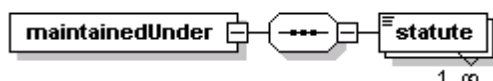
The Corrected Fields Record contains the specific fields that were added, modified, or deleted in the corrected report.



**Figure 37: Corrected Fields Record**

### 3.32 Maintained Under Record

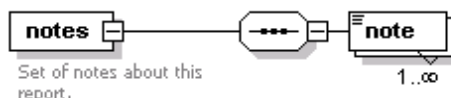
The Maintained Under Record identifies under which authority the report is maintained. A code list of statutory authorities identifies the different possible values returned in the statute field. For a complete reference, see the Statutory Authority Code List.



**Figure 38: Maintained Under Record**

### 3.33 Notes Record

The Notes Record identifies additional information about the report. This record contains a list of note fields.



**Figure 39: Notes Record**

### 3.34 Query Report Individual

The Query Report Individual Record contains the subject information for a reported individual.

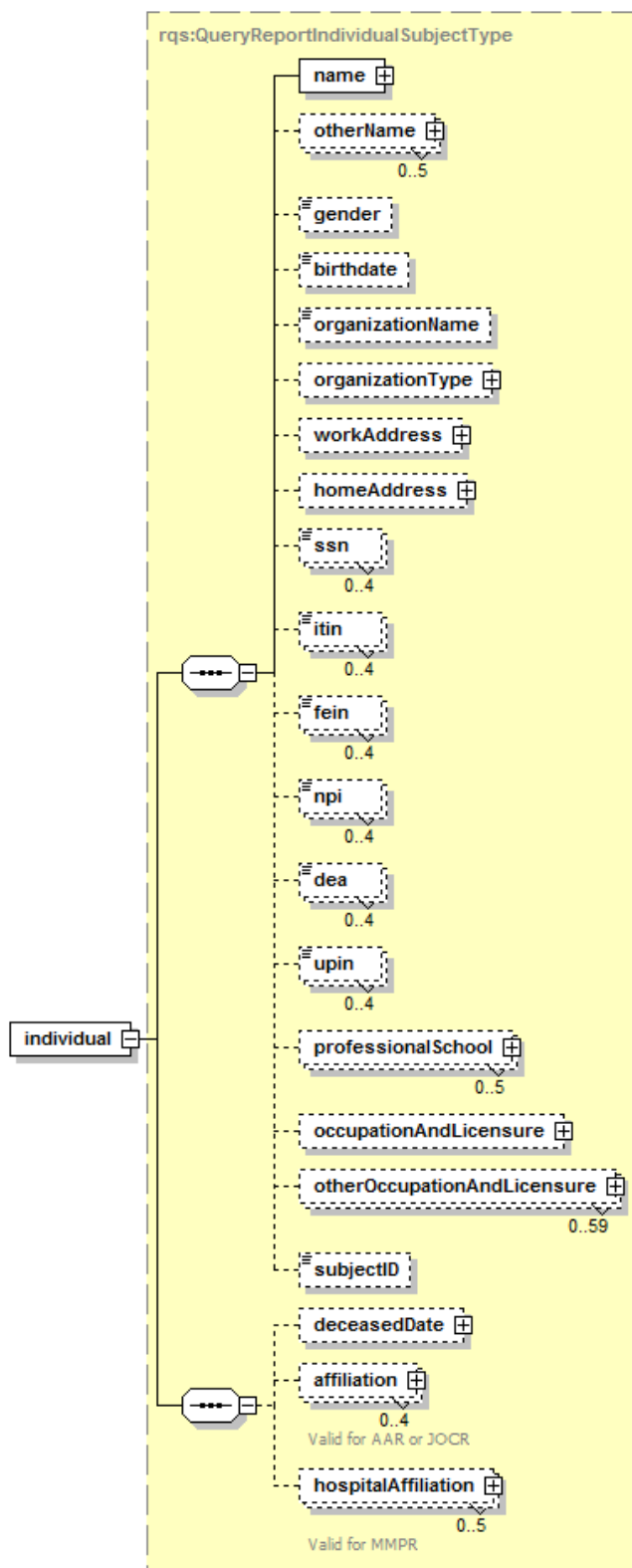


Figure 40: Query Report Individual Record

### 3.35 Deceased Date

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

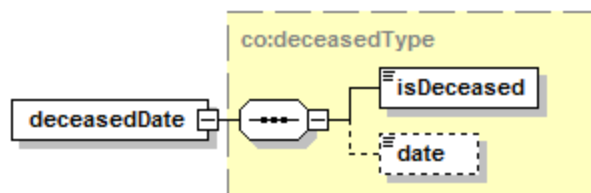


Figure 41: Deceased Date Record

### 3.36 Affiliation

The Affiliation Record contains the professional affiliation for a subject.

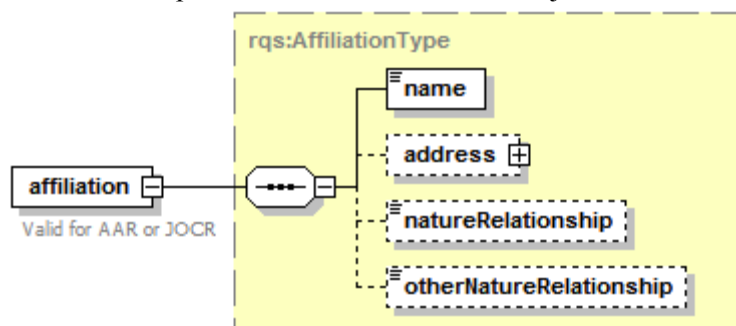


Figure 42: Affiliation Record

### 3.37 Hospital Affiliation

The Hospital Affiliation Record contains the hospital affiliation for a subject.

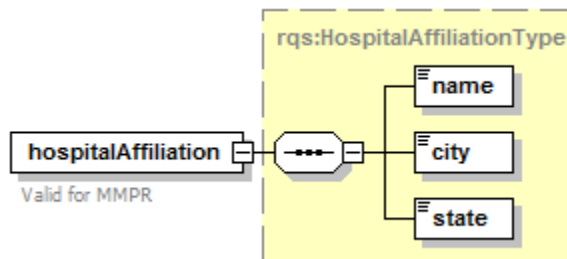
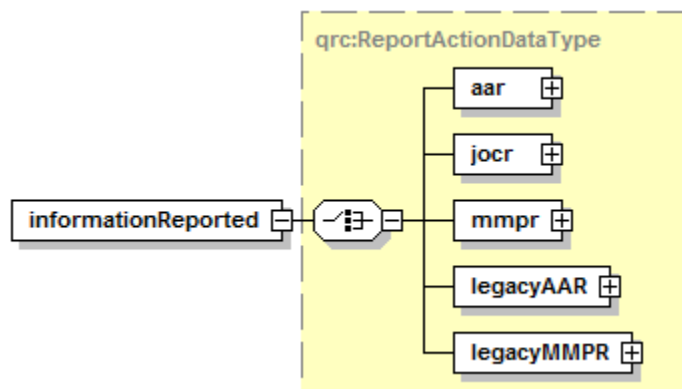


Figure 43: Hospital Affiliation Record

### 3.38 Information Reported (Response, Report Disclosure)

The Information Reported Record contains the report information.



**Figure 44: Information Reported Record (Response, Report Disclosure)**



### 3.39 AAR

The AAR Information Reported Record contains the report data for an AAR. Refer to [Section 4.1, Data Dictionary - AAR Report Elements](#).

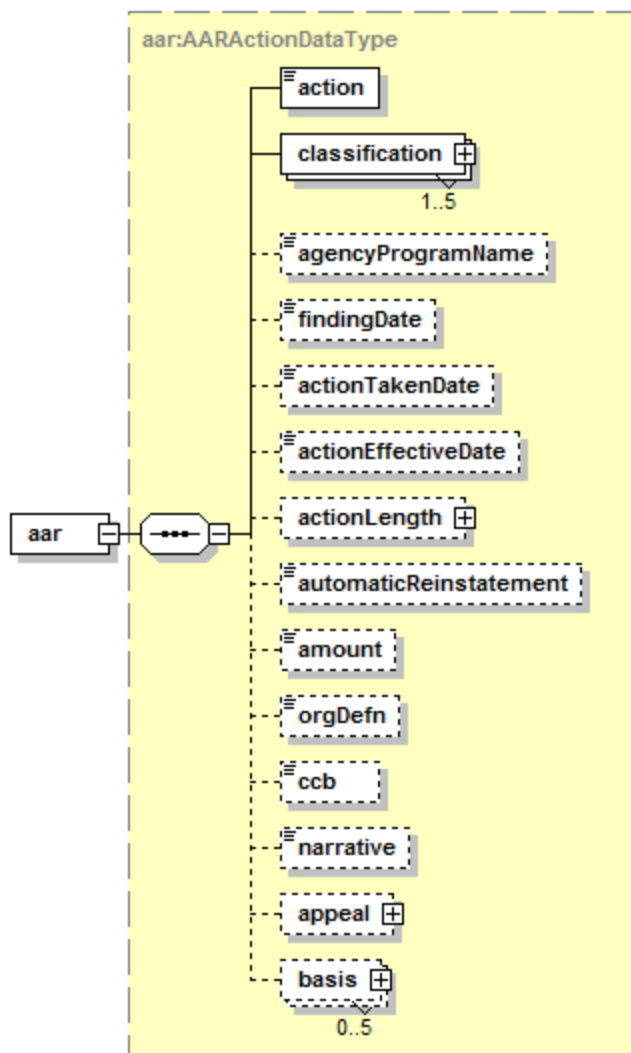


Figure 45: AAR Record

### 3.40 Classification

The Classification Record contains the Adverse Action Classification Code or the Type of Negative Finding Code for the report. For a complete list see the AAR Adverse Action Classification code lists or the AAR Type of Negative Finding code list.

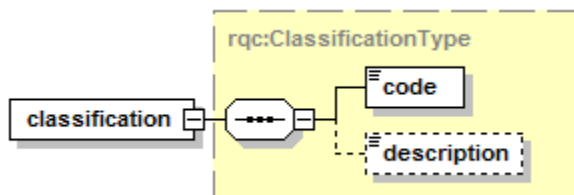


Figure 46: Classification Record

### 3.41 Action Length

The Action Length Record contains the length of action information for the report.

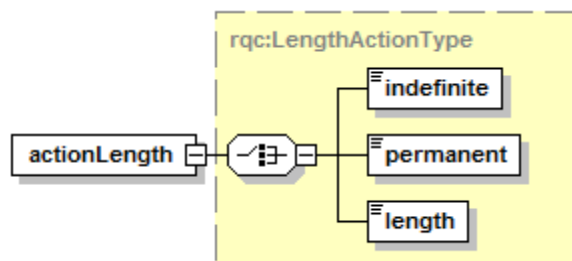


Figure 47: Action Length Record

### 3.42 Appeal

The Appeal Record shows whether the action has been appealed and if so, the date of the appeal.

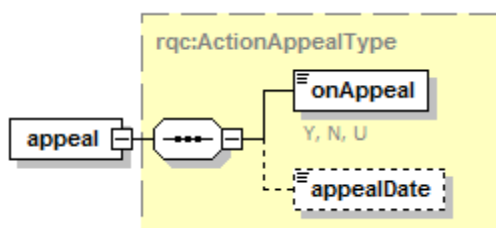


Figure 48: Appeal Record

### 3.43 Basis

The Basis Record contains the Basis for Action code or the Basis for Finding code for the report. For a complete list see the AAR Basis for Action code lists or the Basis for Finding code list.

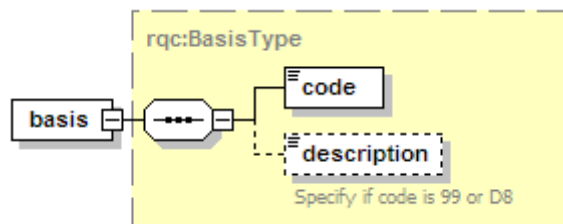


Figure 49: Basis Record

### 3.44 JOCR

The JOCR Information Reported Record contains the report data for a JOCR. Refer to [Section 4.1, Data Dictionary - JOCR Report Elements](#).

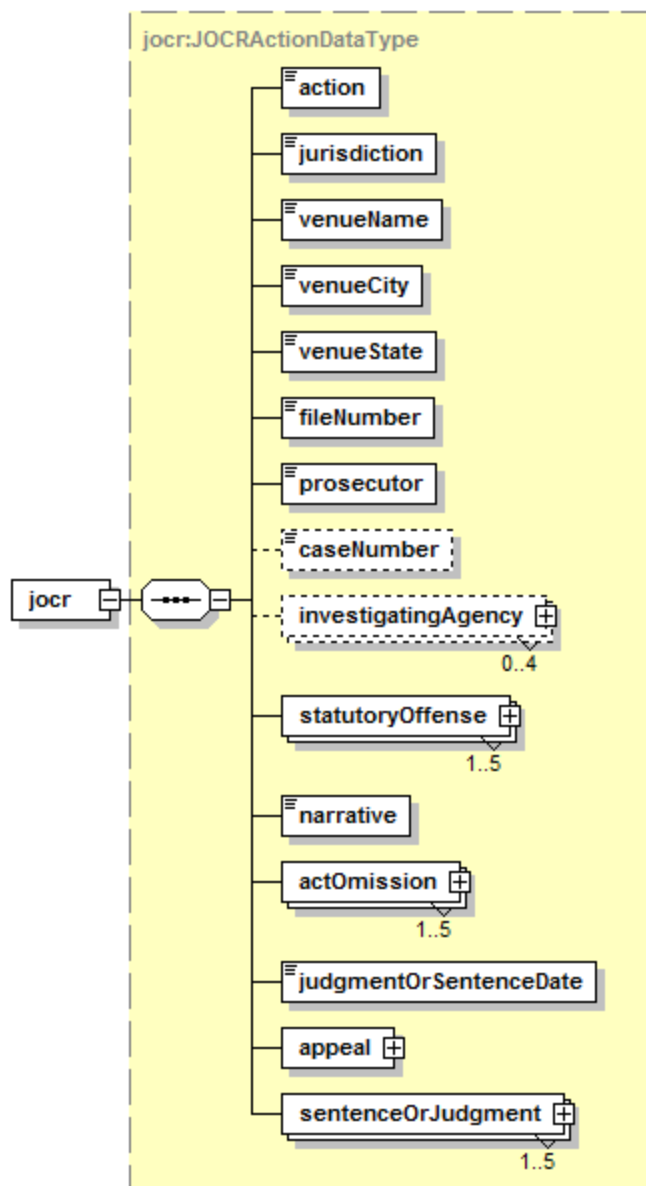


Figure 50: JOCR Record

### 3.45 Investigating Agency

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

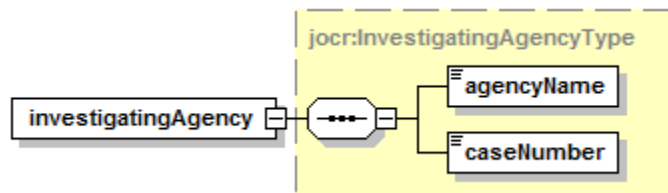


Figure 51: Investigating Agency Record

### 3.46 Statutory Offense

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

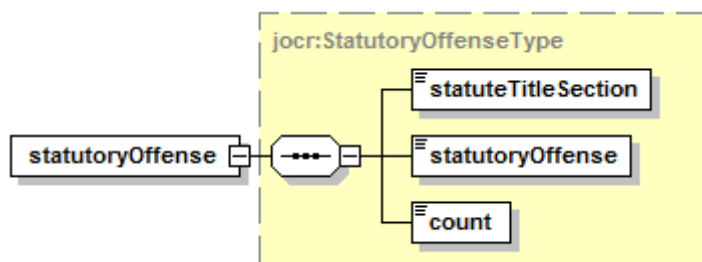


Figure 52: Statutory Offense Record

### 3.47 Act/Omission

The Act or Omission Record contains the act or omission codes for the report. For a complete list, see the JOCR Act or Omission code list.

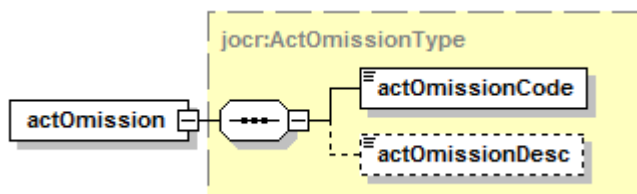


Figure 53: Act/Omission Record

### 3.48 Sentence/Judgment

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

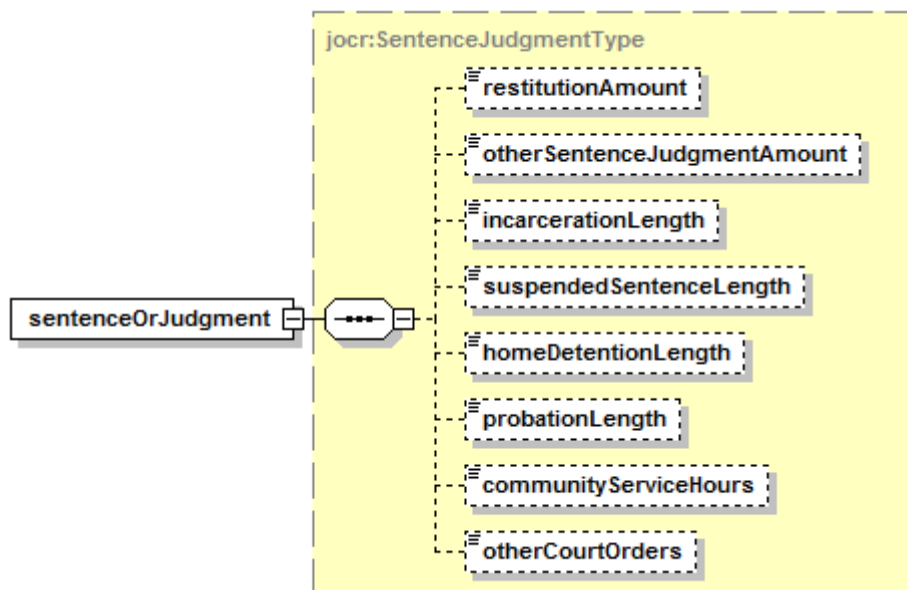
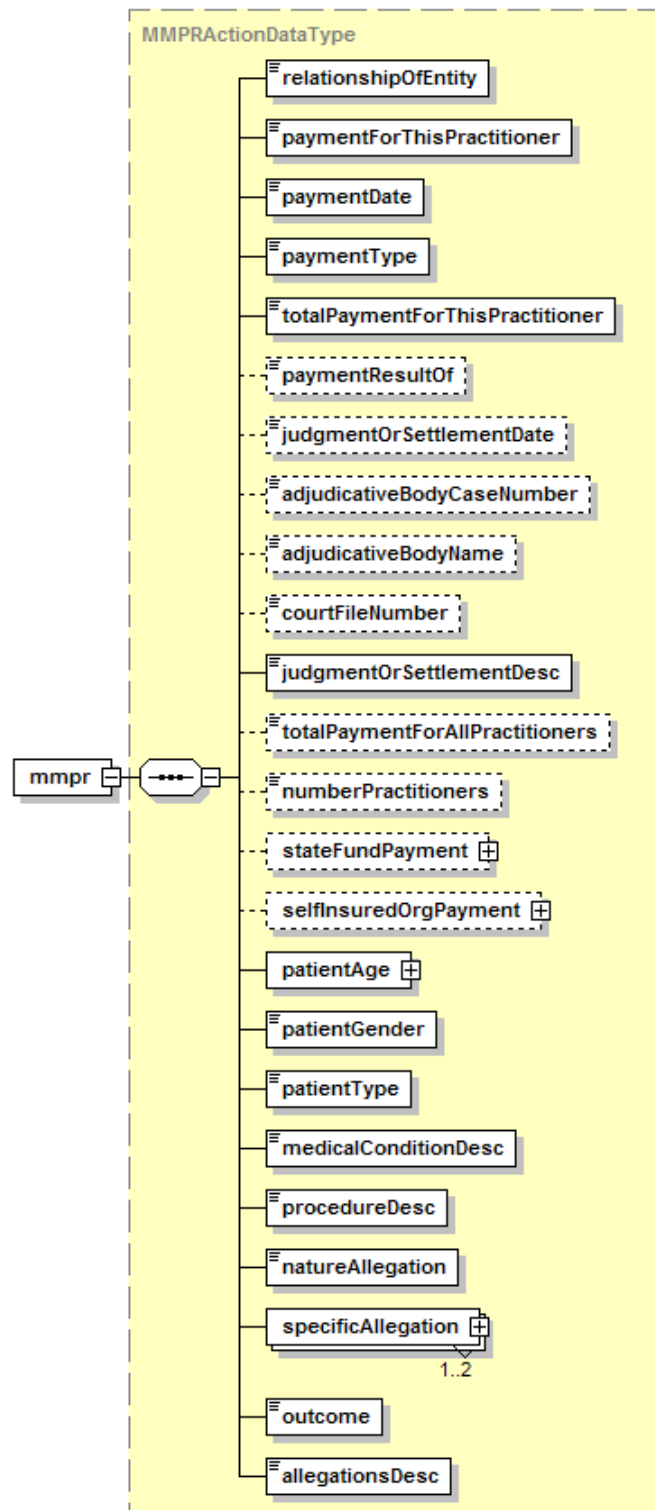


Figure 54: Sentence/Judgment Record

### 3.49 MMPR

The MMPR Information Reported Record contains the report data for a MMPR. [Refer to Section 4.1, Data Dictionary - MMPR Report Elements.](#)



**Figure 55: MMPR Record**

### 3.50 State Fund Payment

The State Fund Payment Record contains payment information made by a state guaranty fund or state excess judgment fund. This payment is made by a state guaranty fund or state excess judgment fund in addition to the payment made by the reporting entity.

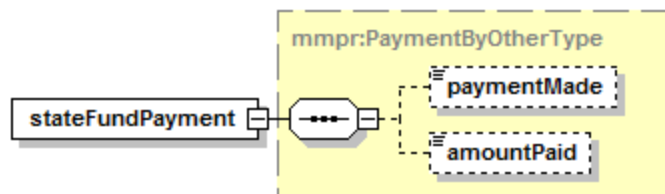


Figure 56: State Fund Payment Record

### 3.51 Self-Insured Organization Payment

The Self-Insured Organization Payment Record contains payment information made by a self-insured organization and/or other insurance company/companies. This payment is made by a self-insured organization and/or other insurance company/companies in addition to the payment made by the reporting entity.

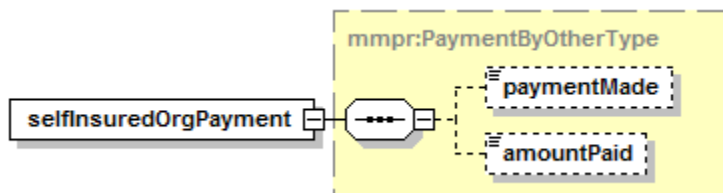


Figure 57: Self-Insured Organization Payment Record

### 3.52 Patient Age Record

The Patient Age Record contains the age of the patient at the time of the initial event.

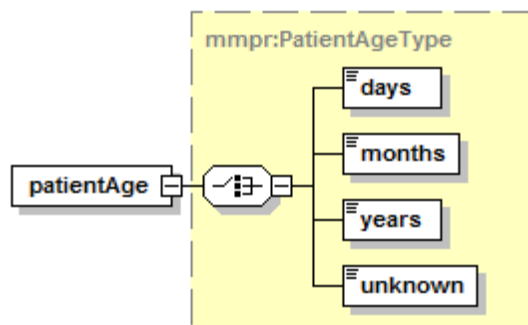


Figure 58: Patient Age Record

### 3.53 Specific Allegation Record

The Specific Allegation Record contains the subject's alleged acts or omissions. For a complete list, see the MMPR Specific Allegation code list.

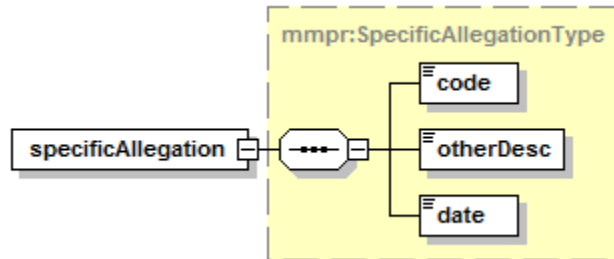


Figure 59: Specific Allegation Record

### 3.54 Legacy AAR

The Legacy AAR Record contains the information reported for a Legacy AAR report. Refer to [Section 4.1 Data Dictionary - Legacy AAR Report Elements](#).

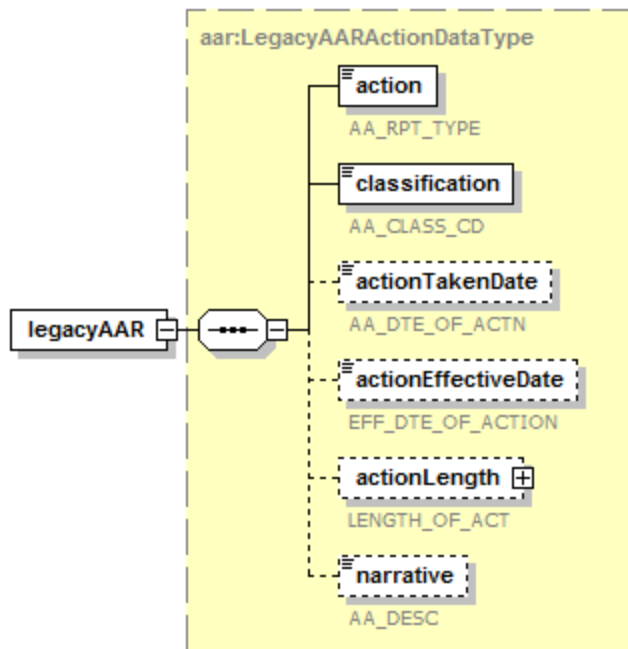


Figure 60: Legacy AAR Record



### 3.55 Legacy MMRP

The Legacy MMRP Record contains the information reported for a Legacy MMRP report. Refer to [Section 4.1 Data Dictionary - Legacy MMRP Report Elements](#).

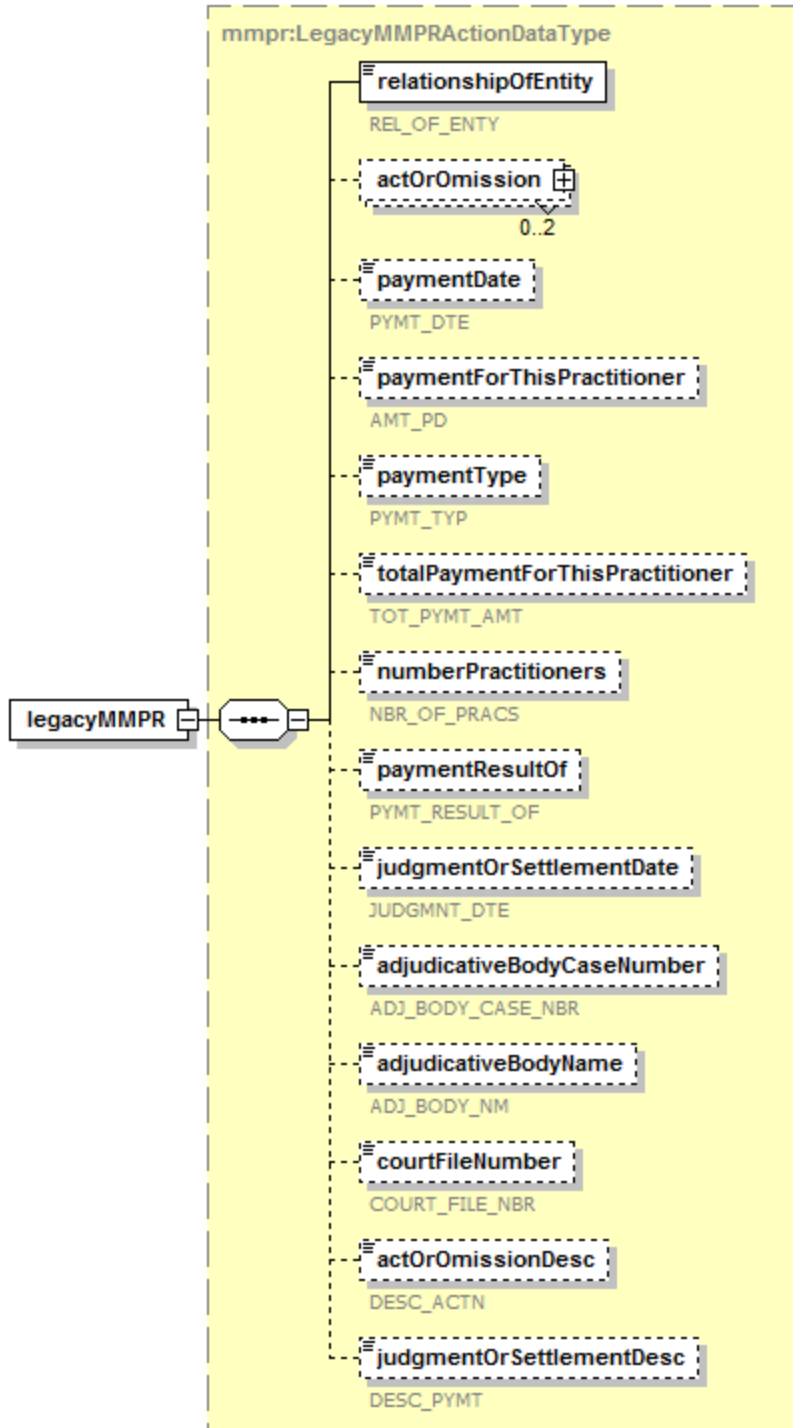


Figure 61: Legacy MMRP Record

### 3.56 Legacy Act/Omission

The Act or Omission Record contains the act or omission reported for a Legacy MMR report. For a complete list, see the MMR Act or Omission code list.

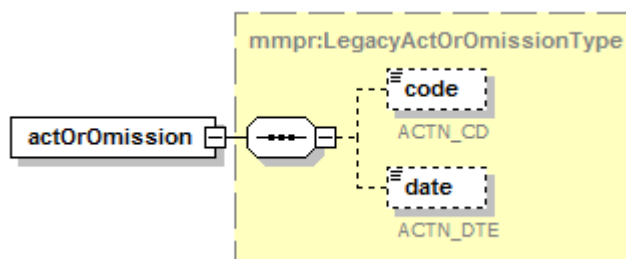


Figure 62: Legacy Act/Omission Record

### 3.57 Statement

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

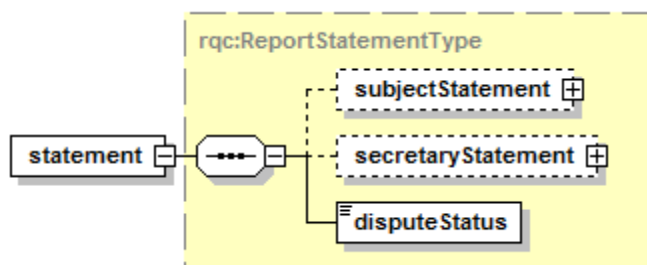


Figure 63: Statement Record

### 3.58 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 Dispute Resolution Manager by the authority of the Secretary of the U.S. Department of Health and Human Services.

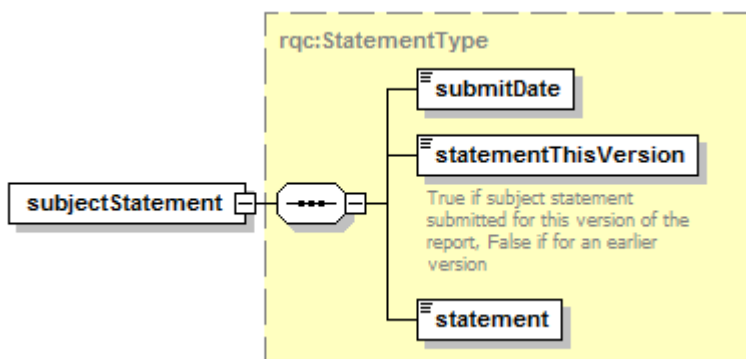


Figure 64: Subject Statement Record

### 3.59 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 Bank from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

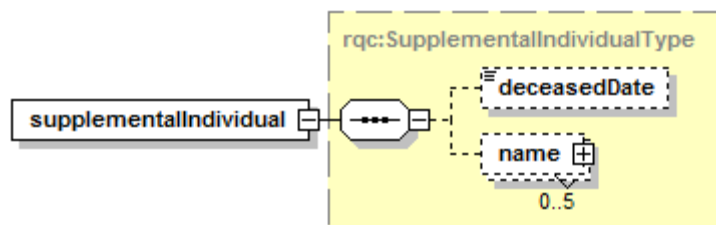


Figure 65: Supplemental Individual Record

### 3.60 Subject Notification Failure

The Subject Notification Failure Record contains the supplemental information associated with an unsuccessful attempt to notify the subject of the report. Information in this data record is not provided by the reporting entity. This information is recorded by the Data Bank after the unsuccessful notification attempt.

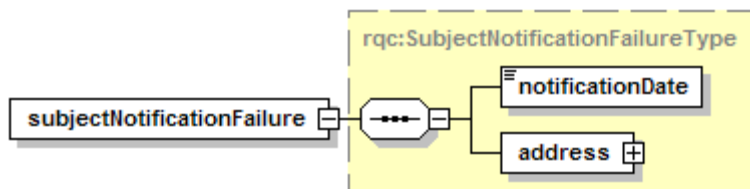


Figure 66: Subject Notification Failure Record

### 3.61 Report Disclosure Information

The Report Disclosure Information Record contains general report disclosure information.

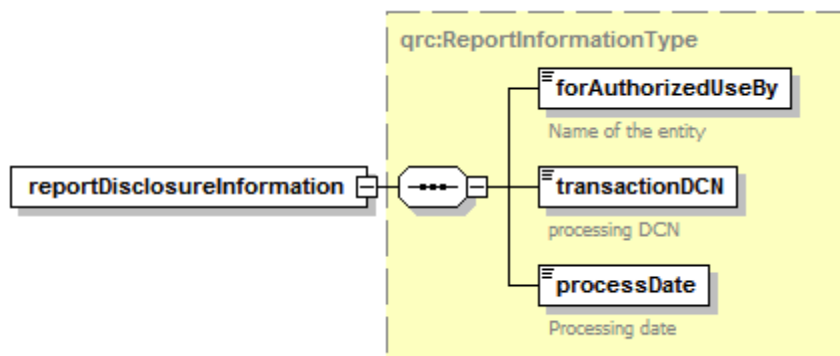


Figure 67: Report Disclosure Information Record

### 3.62 Report Change Information

The Report Change Information Record contains general report change information.

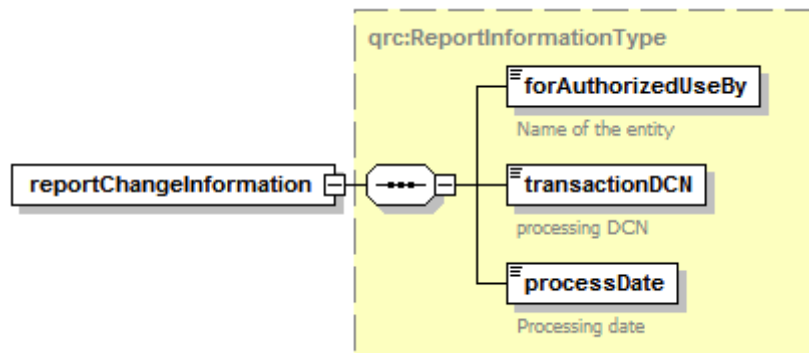


Figure 68: Report Change Information Record

### 3.63 Disclosure Type

The Disclosure Type Record contains the reason why the report is now being disclosed.

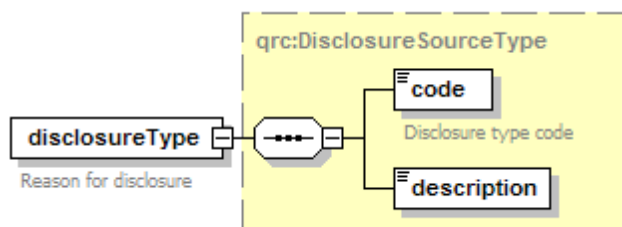


Figure 69: Disclosure Type Record

### 3.64 Void

The Void record in a Report Disclosure Notification response indicates that the report identified by the previous DCN has been voided and should be destroyed.

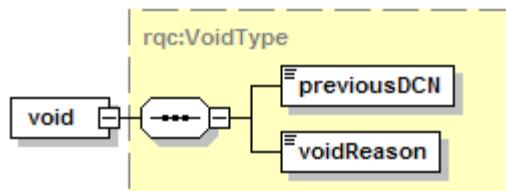


Figure 70: Void Record

### 3.65 Recipient

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

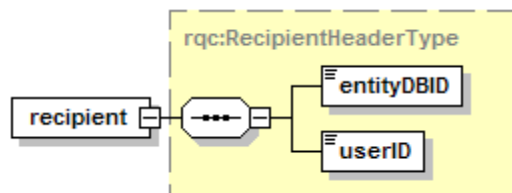


Figure 71: Recipient Record

### 3.66 Correspondence Response

The Correspondence Response Record contains the message information.

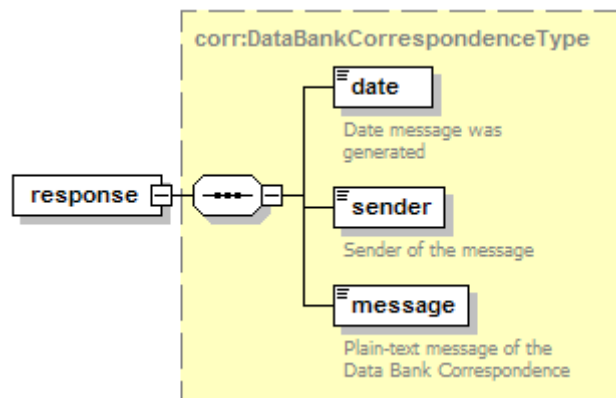


Figure 72: Correspondence Response Record

## 4. Data Definitions

### 4.1 Data Dictionary – Elements

The data dictionary defines each element that appears in the Continuous Query schemas (Submission, Confirmation, Response, Report Disclosure Notification, and Correspondence). Data must follow the specified type according to the following codes:

- A = Alphanumeric
- C = Code. The code lists referenced in this document are available in both the Code Lists document and comma separated value (CSV) format with the Continuous Query Specifications at <http://www.npdb.hrsa.gov/ORXS>. The code lists are also available on the Data Bank website at <http://www.npdb.hrsa.gov/Codes>.
- D = Date (YYYY-MM-DD). Dates are specified using the XML Schema date type unless noted otherwise. In responses from the Data Bank, date fields will be 16 characters and may include a time value (YYYY-MM-DD-HH:MI). For submissions, if the time is included in a date element, it will be ignored.
- N = Numeric
- B = Boolean (true, false, 1, 0). Boolean values are specified using the XML Schema boolean type unless noted otherwise.
- R = Duration (PnYnMnD). Durations are specified using the XML Schema duration type unless noted otherwise. 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.
- M = Monetary (NNNN.NN). Specify dollars and cents (do not include dollar sign; include decimal point; max value 99999999.99; must be greater than 0.00 if a required field).

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: Submission Elements**

Data Element	Description	Field Type	Field Width
submitter/entityDBID	Data Bank Identification Number (DBID) of Entity assigned by the Data Bank.	N	15
submitter/agentDBID	Agent DBID (if registered agent is submitting transaction). Complete only if a registered agent is submitting on behalf of the entity identified (entityDBID) above. If an agent is not submitting, omit this field. <b>For responses, all but the last 2 digits are masked.</b>	A	15
submitter/vendorID	The Vendor ID of the organization creating the software to generate this file. A Vendor ID can be obtained at <a href="http://www.npdb.hrsa.gov/software/softwareSignIn.jsp">http://www.npdb.hrsa.gov/software/softwareSignIn.jsp</a>	A	40
certification/name	Name of individual certifying transaction. (The individual certifying a transaction must be authorized to submit information to the Data Bank 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

Data Element	Description	Field Type	Field Width
phone/number	Telephone number. Area code must be included. For international phone numbers, include country code. Do not use delimiters. Format: NNNNNNNNNNNNNN.	N	15
phone/extension	Telephone extension.	N	5
certification/date	Certification date. The certification date must not be in the future.	D	10-16
purpose	The enrollment purpose. For a complete list see the Continuous Query Enrollment Purpose code list.	C	1
EFT	Flag indicating that payment is/was made by Electronic Funds Transfer.	B	N/A
creditCard/number	Credit card number. <b>For responses, all but the last 4 digits are masked.</b>	A	12-16
creditCard/expirationDate	Date of credit card expiration.	D	10-16
creditCard/cardholderName	The name of the credit card holder.	A	40
address/address	First line of street address.	A	40
address/address2	Second line of address.	A	40
address/city	City. For military addresses, enter APO in the city field.	A	28
address/state	If State or territory is inside U.S. For a complete list of state and military abbreviations see the State Abbreviations and U.S. Territories code list.	C	2
address/zip	ZIP code. For a complete list of military zip codes see the AFO/FPO Postal Codes code list.	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
name/last	Last name. When specifying other names used information (otherName), both first name and last name must be provided.	A	25
name/first	First name.	A	15
name/middle	Middle name.	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	10-16
organizationName	Name of organization where subject works.	A	60
organizationType/typeCode	Type of organization where subject works. For a complete list see the Type of Organization code list.	C	3
organizationType/description	Organization type description. Complete only if Type of Organization code “999” is specified above. Otherwise, omit this field.	A	100
ssn	Social Security Number (SSN) of subject. Cannot be all zeros. Must be all numbers or include optional hyphens (NNN-NN-NNNN). <b>For responses, all but the last 4 digits are masked.</b>	A	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

Data Element	Description	Field Type	Field Width
professionalSchool/school	<p>Name of professional school attended by a subject. Enter name of professional school or certificate program. NOTE: You may only provide up to 200 characters. Submission data beyond 200 characters will be truncated.</p> <p>When specifying professional school information, both professional school and year of graduation must be provided. If the report subject did not graduate (but completed a certificate program), provide the school name in the Professional School field and the last year of attendance. If the subject did not attend a school, provide the name of the certificate program and the year that it was completed. In the event that the subject neither attended a school nor completed a certificate program, enter "None" in the Professional School field and enter the year that the subject was authorized by the state to provide health care services in the Year of Graduation field.</p>	A	200
professionalSchool/graduationYear	Year of graduation in YYYY format. Enter year of graduation from professional school or year of completion of certificate program. The graduation year must be at least 15 years beyond the date of birth, and between 1900 and the current year (inclusive).	N	4
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. For a complete list of state and military abbreviations see the State Abbreviations and U.S. Territories code list.	C	2
licensure/field	Occupation/Field of Licensure. For a complete list see the Occupation/Field of Licensure code list.	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
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"). For a complete list see the Specialty code list.	C	2
subjectID	Unique identifier for this subject. This is an entity defined value used for identifying an enrolled subject. The Data Bank will use this value to uniquely identify each enrolled subject so it must be unique across the entity's enrolled and canceled subjects. The value should be provided with each new enrollment and subsequent transactions on the same subject. If this value is not provided for an enrollment, the databankSubjectID, returned in the enrollment response, must be stored in the entity's system. The subjectID (or the databankSubjectID) must be supplied when updating, renewing, canceling or requesting status on this subject.	A	20



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
department	The department code used for managing subjects in the IQRS subject database. If the department value provided does not match an existing department code for the submitting entity or entity/agent it will be added as a new department.	A	3
databankSubjectID	Unique identifier for this subject. Must be left blank for enrollment submissions. A unique subject identification number will be supplied by the Data Bank in successful enrollment responses. The databankSubjectID (or the subjectID) must be supplied when updating, renewing, canceling or requesting status on this subject. The databankSubjectID must be provided if this is an update transaction and the subjectID is being updated.	N	15
includeReportsInResponse	If set to true, any reports matching the enrolled subject will be returned along with the response for renewal or status request transactions. If set to false, no reports will be returned.	B	N/A

**Table 4-2: Confirmation Elements**

Data Element	Description	Field Type	Field Width
submissionFilename	The name of the submission file in which this transaction was received.	A	255
batchStatus/dcn	The Data Bank Control Number assigned to this batch.	N	16
batchStatus/processDate	Date transaction was processed.	D	10-16
batchStatus/successfullyProcessed	Status indicating if the file was successfully processed.	B	N/A
error/code	Indicates why the transaction was rejected and could not be processed. For a complete list see the Error code list. 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
subjectConfirmation/accepted	If true, this value means that this subject has been accepted for processing. If false, one or more error elements will be present describing the problems with this subject.	B	N/A
subjectConfirmation/dcn	The Data Bank Control Number Assigned to this subject.	N	16

**Table 4-3: Response Elements**

Data Element	Description	Field Type	Field Width
payment/isFree	Flag indicating that the transaction was processed for free.	B	N/A
dateCharged	The date that the Data Bank charged fees for the associated transaction.	D	10-16
chargeReference/dataBank	Indicates whether this transaction was charged by the National Practitioner Data Bank (NPDB) Valid value is “N”. If the charge reference is shown as part of the response element it means that the subjects in this output file were previously charged and charge receipt details can be found in a previous output file for this same batch.	C	1
chargeReference/referenceNumber	Data Bank reference number associated with the charge to your entity’s EFT or credit card account for this transaction. The Data Bank passes this information along with the charge request to your bank which will process the charge. The bank may provide this information to you for help in reconciling your entity’s charges against your financial accounts. If the charge reference is shown as part of the response element it means that the subjects in this output file were previously charged and charge receipt details can be found in a previous output file for this same batch.	A	25
numberOfSubjects	The number of subjects in this batch.	N	4
numberOfSubjectsCharged	The number of subjects in this batch that were charged in this billing transaction.	N	4
numberOfSubjectsNotProcessed	The number of subjects in this batch that have not yet been processed and will be charged in a future billing transaction.	N	4
pricePerSubject	Fee charged per name by the associated Data Bank. Does not include dollar sign, includes decimal point followed by two digits.	M	12
numberOfCreditsUsed	The number of enrollment credits used to process the subjects in this batch.	N	3
amountOfCreditsUsed	The dollar amount of enrollment credits used to process the subjects in this batch. Does not include dollar sign, includes decimal point followed by two digits.	M	12
totalCharge	The total dollar amount charged in this billing transaction. Does not include dollar sign, includes decimal point followed by two digits.	M	12
monitoredUnder/titleIV	If true, this element specifies that the enrolled subject is/was monitored under the provisions of Title IV of <i>Public Law 99-660</i> , 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
monitoredUnder/section1921	If true, this element specifies that the enrolled subject is/was monitored under the provisions of Section 1921 of the <i>Social Security Act</i> , 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
monitoredUnder/section1128e	If true, this element specifies that the enrolled subject is/was monitored under the provisions of Section 1128E of the <i>Social Security Act</i> , 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

Data Element	Description	Field Type	Field Width
enrollmentStatus/dataBank	Indicates whether this subject is enrolled for the National Practitioner Data Bank (NPDB). Valid value is "N".	C	1
enrollmentStatus/status	Specifies the current enrollment status of this subject. For a complete list see the Continuous Query Enrollment Status code list.	C	1
enrollmentStatus/startDate	The date this subject was initially enrolled for the given Data Bank. This element will not be present when the status is pending or not enrolled.	D	10-16
enrollmentStatus/endDate	The date this enrollment will expire or was canceled for the given Data Bank. This element will not be present when the status is pending or not enrolled.	D	10-16
enrollmentStatus/cancelOnDate	The date in the future when this subject will be canceled. This element will only be present if the submitter has set a future cancellation date for this subject and the status is enrolled or suspended.	D	10-16
reportsIncluded	For some Continuous Query transaction types the user may specify whether any reports matching the enrolled subjects should be included in the response file. This value indicates whether reports matching the enrolled subject, if any are included in this response file. This value does not indicate whether there actually are reports matching this enrolled subject.	B	N/A

**Table 4-4: Report Elements**

Data Element	Description	Field Type	Field Width
entityName	The entity of the point of contact.	A	60
additionalEntityName	Additional or "doing business as" name for the entity.	A	100
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
entityReference	Entity Internal Report Reference. A file number or other reference information established by the reporting entity to help identify this report in their files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to enrolling entities.	A	20
latestContact/entityStatus	Most recent status of the entity. For a complete list see the Entity Status code list.	C	1
latestContact/entityName	Most recent name of the entity or its successor entity.	A	60
latestContact/additionalEntityName	Additional or "doing business as" name for the entity.	A	100
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	10-16
reportData/reportDCN	Data Bank Control Number. Unique number assigned to the report.	N	16
transaction previousTransaction	Identifies the type of report. For a complete list see the Report Transaction Type code list.	C	1
previousDCN	Data Bank Control Number of Corrected, Revised, Appealed, or Voided report.	N	16
latestRelatedDCN	DCN of the related report Correction. Only appears in Revision to Action Report when the related report has been corrected.	N	16
latestRelatedTransaction	Indicates whether the related report has been corrected or voided. "C" = Correction, "V" = Void. Only appears in Revision to Action Report when the related report is corrected or voided.	C	1

Data Element	Description	Field Type	Field Width
latestRelatedNote	Describes the relationship between this report and the related report. Only appears in Revision to Action Report when the related report is corrected or voided.	A	4000
originalSubmitDate	Date of original submission.	D	10-16
recentChangeDate	Date of most recent change.	D	10-16
correctedFields/field	Name of the field that was added, corrected, or deleted in a correction report.	A	200
maintainedUnder/statute	Identifies under which statutory authority the report is maintained.	C	20
notes/note	Contains additional information about the report.	A	4000
deceasedDate/isDeceased	“Y” = Yes, “N” = No, “U” = Unknown.	C	1
deceasedDate/date	Deceased Date.	D	10-16
affiliation/name	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	A	60
affiliation/natureRelationship	Nature of Subject’s Relationship to Affiliate/Associate code. For a complete list see the Nature of Relationship code lists.	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
hospitalAffiliation/name	Name of hospital with which practitioner is affiliated (Inclusion does not imply complicity in the reported action).	A	60
hospitalAffiliation/city	City where affiliated hospital is located.	A	28
hospitalAffiliation/state	State where affiliated hospital is located. For a complete list of state and military abbreviations see the State Abbreviations and U.S. Territories code list.	C	2
subjectStatement/submitDate	Date statement was submitted by the subject.	D	10-16
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 Dispute Resolution statement was entered	D	10-16
secretaryStatement/ statementThisVersion	“true”: By the authority of the Secretary of the U.S. Department of Health and Human Services, the Dispute Resolution Manager reviewed this version of this report and entered this statement. “false”: By the authority of the Secretary of the U.S. Department of Health and Human Services, the Dispute Resolution Manager reviewed an earlier version of this report and entered this statement. After the Dispute Resolution decision and subject statement were entered, the reporting entity changed the report. The Dispute Resolution Manager has not reviewed the current version of the report.	B	N/A
secretaryStatement/statement	Dispute Resolution statement.	A	4000
disputeStatus	Report dispute status: “N” = not in dispute, “Y” = in dispute, “S” = elevated to Dispute Resolution, “R” = reviewed by Dispute Resolution Manager by the authority of the Secretary of the U.S. Department of Health and Human Services.	C	1

Data Element	Description	Field Type	Field Width
supplementalIndividual/deceasedDate	Deceased date of individual subject. This information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.	D	10-16
supplementalIndividual/name/last	Last name of subject. This information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.	A	25
supplementalIndividual/name/first	First name of subject. This information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.	A	15
supplementalIndividual/name/middle	Middle name of subject. This information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.	A	15
supplementalIndividual/name/suffix	Suffix (e.g., JR, SR, III). This information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.	A	4

Table 4-5: AAR Report Elements

Data Element	Description	Field Type	Field Width
action	Describes the type of Adverse Action. For a complete list see the AAR Type of Action code list.	C	2
classification/code	Adverse Action Classification Code or Type of Negative Finding Code. For a complete list see the AAR Adverse Action Classification code lists or the AAR Type of Negative Finding code list.	C	4
classification/description	Description of the adverse action taken or type of negative finding; included if the reporter selected one of the following codes: "1645", "1989", "1189", "1199", "1389", "1399", "1539", "1579", "1589", "1599", "1745", "1889", "3539", "3579", "3589", "3599", "3989", "3859", "3989".	A	40
agencyProgramName	Name of Agency or Program that took the Adverse Action.	A	60
findingDate	Date of finding in YYYY-MM-DD format. )	D	10-16
actionTakenDate	Date action was taken.	D	10-16
actionEffectiveDate	Date action became effective.	D	10-16
actionLength/indefinite *	Is the action indefinite? <b>* Only one of these three types of actionLength type elements shall be accepted in the actionLength.</b>	B	N/A
actionLength/permanent *	Is the action permanent? <b>* Only one of these three types of actionLength type elements shall be accepted in the actionLength.</b>	B	N/A
actionLength/length *	Number of years, months and days that action is effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.) <b>* Only one of these three types of actionLength type elements shall be accepted in the actionLength.</b>	R	3-11
automaticReinstatement	Is reinstatement automatic at completion of adverse action period? "Y" = Yes, "N" = No, "C" = Yes, with conditions (requires a Revision to Action report when status changes).	C	1
amount	Total amount of monetary penalty, fine, or restitution in dollars and cents.	M	12
orgDefn	Reserved.	B	N/A

Data Element	Description	Field Type	Field Width
ccb	Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of the patient?	B	N/A
narrative	Narrative description of subject's act(s) or omission(s) or other reasons for action(s) taken and description of the action(s) taken or description of finding by the reporting entity.	A	4000
appeal/onAppeal	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown.	C	1
appeal/appealDate	Date the action was appealed.	D	10-16
basis/code	Basis for the action or basis for finding taken. For a complete list see the AAR Basis for Action code lists or the AAR Basis for Finding list. This field is not applicable to Revision to Action Reports and Correction of Revision to Action Reports, and will be omitted for these reports.	C	2
basis/description	Description of the basis for action taken or description of the basis for finding; specified only if basis code is "99", Other - Not Classified.	A	75

**Table 4-6: JOCR Report Elements**

Data Element	Description	Field Type	Field Width
action	Type of action code. For a complete list see the JOCR Type of Action code list.	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. For a complete list of state and military abbreviations see the State Abbreviations and U.S. Territories code list.	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	60
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
actOmission/ actOmissionCode	Code that describes the subject's Act(s) or Omission(s). For a complete list see the JOCR Act or Omission code list.	C	3
actOmission/ actOmissionDesc	Other Act(s) or Omission(s) Description.	A	40
judgmentOrSentenceDate	Date of Judgment/Sentence.	D	10-16
appeal/onAppeal	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown.	C	1
appeal/appealDate	Date the action was appealed.	D	10-16

Data Element	Description	Field Type	Field Width
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.	R	3-11
sentenceOrJudgment/ suspendedSentenceLength	Duration of suspended sentence of subject.	R	3-11
sentenceOrJudgment/ homeDetentionLength	Duration of home detention of subject.	R	3-11
sentenceOrJudgment/ probationLength	Duration of probation of subject.	R	3-11
sentenceOrJudgment/ communityServiceHours	Number of hours of community service.	N	5
sentenceOrJudgment/ otherCourtOrders	Other court orders.	A	160

**Table 4-7: MMPR Report Elements**

Data Element	Description	Field Type	Field Width
relationshipOfEntity	Relationship of entity to this practitioner “P” = Insurance Company – Primary Insurer, “E” = Insurance Company – Excess Insurer, “S” = Self-Insured Organization, “G” = Insurance Guaranty Fund, “M” = State Medical Malpractice Payment Fund as the Primary Payer for This Practitioner, “O” = State Medical Malpractice Payment Fund as a Secondary Payer for This Practitioner.	C	1
paymentForThisPractitioner	Amount of the single total payment or the first of multiple payments for this practitioner in dollars and cents.	M	12
paymentDate	Date on the payment check of the single or initial payment.	D	10-16
paymentType	This payment represents: “S” = Single Final Payment, “M” = One of Multiple Payments.	C	1
totalPaymentForThisPractitioner	Total dollar amount paid or to be paid by this payer for this practitioner in this case.	M	12
paymentResultOf	Action from which payment resulted: “J” = Judgment, “S” = Settlement, “B” = Payment Prior to Settlement	C	1
judgmentOrSettlementDate	Date of the judgment or settlement.	D	10-16
adjudicativeBodyCaseNumber	Case or docket number of adjudicative body with which the claim was filed.	A	20
adjudicativeBodyName	Name of the adjudicative body with which the claim was filed.	A	60
courtFileNumber	File number assigned by the court with which the claim was filed.	A	10
judgmentOrSettlementDesc	Description of judgment or settlement and any conditions, including terms of payment.	A	4000
totalPaymentForAllPractitioners	Total amount paid or to be paid by this payer for all practitioners.	M	12
numberPractitioners	Number of practitioners for whom this payer has paid or will pay in this case.	N	3

Data Element	Description	Field Type	Field Width
stateFundPayment/paymentMade	Has a State Guaranty Fund or State Excess Judgment Fund made a payment for this practitioner in this case, or is such a payment expected to be made? “Y” = Yes, “N” = No, “U” = Unknown.	C	1
stateFundPayment/amountPaid	Amount paid or expected to be paid by State Guaranty Fund or State Excess Judgment Fund.	M	12
selfInsuredOrgPayment/paymentMade	Has a self-insured organization(s) and/or other insurance company/companies made payment for this practitioner in this case or is such payment expected to be made? “Y” = Yes, “N” = No, “U” = Unknown.	C	1
selfInsuredOrgPayment/amountPaid	Amount paid or expected to be paid by self-insured organization(s) and/or other insurance company/companies.	M	12
patientAge/days	Patient’s age at time of initial event in days.	N	2
patientAge/months	Patient’s age at time of initial event in months.	N	2
patientAge/years	Patient’s age at time of initial event in years.	N	3
patientAge/unknown	True if the patient’s age is unknown.	B	N/A
patientGender	Gender of the patient: “M” = Male, “F” = Female, “U” = Unknown.	C	1
patientType	Type of patient: “I” = Inpatient, “O” = Outpatient, “B” = Both, “U” = Unknown.	C	1
medicalConditionDesc	Description of the medical condition with which the patient presented for treatment (prior to the event that led to the malpractice allegation).	A	4000
procedureDesc	Description of the procedure performed or treatment rendered by the insured to the patient.	A	4000
natureAllegation	Nature of the allegation. For a complete list see the MMPR Nature of Allegation code list.	C	3
specificAllegation/code	Specific allegation describing the alleged acts or omissions. For a complete list see the MMPR Specific Allegation code list.	C	3
specificAllegation/otherDesc	Other allegation description.	A	60
specificAllegation/date	Date of the event associated with allegation or incident.	D	10-16
outcome	Code that describes the outcome of the specific allegation(s). For a complete list see the MMPR Outcome code list.	C	2
allegationDesc	Description of the allegations and injuries or illnesses upon which the action or claim was based.	A	4000

Table 4-8: Legacy AAR Report Elements

Data Element	Description	Field Type	Field Width
action	Type of adverse action: “L” = licensure, “C” = clinical privileges, “S” = society membership.	C	1
classification	Adverse Action Classification Code. For a complete list see the AAR Adverse Action Classification code lists.	C	5
actionTakenDate	Date of action.	D	10-16
actionEffectiveDate	Date action became effective.	D	10-16
actionLength/indefinite *	Is the action indefinite? <b>* Only one of these three types of actionLength type elements shall be populated in the actionLength.</b>	B	N/A
actionLength/permanent *	Is the action permanent? <b>* Only one of these three types of actionLength type elements shall be populated in the actionLength.</b>	B	N/A



Data Element	Description	Field Type	Field Width
actionLength/length *	Number of years, months and days that action is effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.) * <b>Only one of these three types of actionLength type elements shall be populated in the actionLength.</b>	R	3-11
narrative	Narrative description of Subject's act(s) or omission(s) and relevant information related to the adverse action taken.	A	4000

**Table 4-9: Legacy MMPR Report Elements**

Data Element	Description	Field Type	Field Width
relationshipOfEntity	Entity's relationship to practitioner: "I" = Insurance Company, "S" = Self-Insured Organization, "O" = Other - Guaranty Fund.	C	1
actOrOmission/code	Code for act or omission allegedly committed. For a complete list see the MMPR Act or Omission code list.	C	3
actOrOmission/date	Date act or omission occurred.	D	10-16
paymentDate	Date on which payment was made.	D	10-16
paymentForThisPractitioner	Dollar amount of this payment in dollars and cents.	M	12
paymentType	Type of payment: "S" = Single Payment, "M" = Multiple Payments.	C	1
totalPaymentForThisPractitioner	Total dollar amount of settlement.	M	12
numberPractitioners	Number of practitioners for whose benefit payment was made.	N	3
paymentResultOf	Action from which payment resulted: "J" = Judgment, "S" = Settlement, "B" = Payment Prior to Settlement, "U" = Unknown, "O" = Other.	C	1
judgmentOrSettlementDate	Date of the judgment or settlement.	D	10-16
adjudicativeBodyCaseNumber	Case or docket number of adjudicative body with which the claim was filed.	A	20
adjudicativeBodyName	Name of the adjudicative body with which the claim was filed.	A	60
courtFileNumber	File number assigned by the court.	A	10
actOrOmissionDesc	Description of the alleged act(s) or omission(s) that led to the claim.	A	4000
judgmentOrSettlementDesc	Description of payment made and any terms or conditions.	A	4000

**Table 4-10: Report Disclosure Notification Elements**

Data Element	Description	Field Type	Field Width
reportDisclosureInformation/ forAuthorizedUseBy	Name of the entity for which the Report Disclosure Notification response is generated.	A	60
reportDisclosureInformation/ transactionDCN	Data Bank Control Number. Unique number assigned to the transaction that generated the Report Disclosure Notification response.	N	16
reportDisclosureInformation/ processDate	Date transaction change was processed.	D	10-16
reportDisclosureNotification/ previousDisclosureDate	Indicates if and when this report was previously disclosed.	D	10-16

Data Element	Description	Field Type	Field Width
disclosureType/code	Indicates why the changed report is being disclosed. For a complete list see the Continuous Query Report Disclosure Reason code list.	C	2
disclosureType/description	Description corresponding to the disclosure type code.	A	4000
void/previousDCN	The Data Bank Control Number of the report to be voided. The voided report should be destroyed.	N	16
void/voidReason	Reason for voiding the report. For a complete list see the Void Reason code list.	C	2

**Table 4-11: Report Change Notification Elements**

Data Element	Description	Field Type	Field Width
reportChangeInformation/ forAuthorizedUseBy	Name of the entity for which the Report Change Notification response is generated.	A	60
reportChangeInformation/ transactionDCN	Data Bank Control Number. Unique number assigned to the transaction that generated the Report Change Notification response.	N	16
reportChangeInformation/ processDate	Date transaction change was processed.	D	10-16
disclosureType/code	Indicates why the changed report is being disclosed. For a complete list see the Report Change Notification Disclosure Type code list.	C	2
disclosureType/description	Description corresponding to the disclosure type code.	A	4000
subjectSource	Indicates why the entity is receiving the report change notification. For a complete list see the Subject Source code list.	C	1
void/previousDCN	The Data Bank Control Number of the report to be voided. The voided report should be destroyed.	N	16

**Table 4-12: Data Bank Correspondence Elements**

Data Element	Description	Field Type	Field Width
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	10-16
correspondence/ response/sender	The sender of the Data Bank Correspondence.	A	60
correspondence/ response/message	The plain-text message of the Data Bank Correspondence.	A	4000

## APPENDIX A: DISCLAIMER

**Terms and Conditions:** The Data Bank makes 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 or individuals associated with them responsible for damages of any type resulting from its use.

The Data Bank makes 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. The QRXS user is required to inform its customers that the Data Bank does not sanction or authorize any software, other than software produced by the Data Bank, that produces transaction files as described in the ICD.

The QRXS user agrees to indemnify and hold harmless the Data Bank 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 Data Bank entity to whom the QRXS user provides application software and support for electronic querying and/or reporting to the Data Bank.

**ICD** – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the Data Bank.

**NPDB entity** – Any entity that is authorized to query or report to the NPDB under one of the following statutes: Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 or Section 1921 of the Social Security Act; and 45 CFR Part 60; or Section 1128E of the Social Security Act and 45 CFR Part 61.

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

## **APPENDIX B: RULES OF BEHAVIOR**

All individuals that have access to obtain information from and report information to the Data Bank 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 Data Bank 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 Customer Service Center, has access to your password. Passwords shall not be shared with others. You agree to change the password immediately and notify the NPDB Customer Service Center if password security is suspected to be compromised.

Information and activities associated with the Data Bank shall not be false, inaccurate or misleading; shall not violate any law, statute, ordinance or regulation; and shall not 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 Data Bank in the course of using this system. "Activities" is defined as any process of interacting with the Data Bank.

### **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 Data Bank is confidential and shall not be disclosed except as specified in the NPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of Data Bank 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 Data Bank 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 Data Bank system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the Data Bank.