

# National Practitioner Data Bank

## NATIONAL PRACTITIONER DATA BANK PUBLIC USE DATA FILE

NPDB Public-Use Data File contains selected variables from National Practitioner Data Bank Reports, received from September 1, 1990 through September 30, 2016.

**File Name:** NPDB1607.POR [SPSS portable data file]

The NPDB Public Use Data Files are available for download from <https://www.npdb.hrsa.gov/resources/publicData.jsp>. The SPSS [Statistical Package for the Social Sciences] version of the Public-Use File is in the "portable" format and can be read directly by SPSS regardless of the computer's operating system.

If you can use the SPSS "portable" data file, we strongly recommend that you do so to retain the variable names and labels saved in the file. With the ".por" file therefore, you can avoid having to manually format the data.

A fully functional demo version of SPSS can be downloaded from <http://www.spss.com/> for a limited time.

The ".por" file can be read by a variety of other statistical packages as well.

**Number of Cases:** 1,260,743

**Number of Variables:** 54

**As a result of the HIPDB merger on May 6, 2013, the NPDB Public Use File includes records from Section 1921(a)(1)(A) and 1921(a)(1)(B) with the exception of Judgment or Conviction Records (JOCRs).**

**CAUTION:** Because of the size of this file, we strongly recommend that analysis be performed using statistical software such as SPSS, SAS, etc. The file may be too large to import into most spreadsheet programs, such as EXCEL or QUATTRO PRO. Although spreadsheet or database programs may be used to create tables and count records with specific characteristics, the use of these programs with this file is likely to be a slow and cumbersome process. Word processing programs cannot be used to analyze this file.

UNLESS YOU USE STATISTICAL SOFTWARE WHICH RECOGNIZES THE SPSS ".POR" FORMAT, YOU MUST USE THE ".DAT" VERSION OF THE PUBLIC USE FILE AND DEFINE VARIABLES AND VALUES USING THE FORMAT INFORMATION BELOW. Statistical software which recognizes the SPSS ".POR" format can read all of the variable and value information automatically and will not require you to define variables and values.

\*\*\* NOTES TO PREVIOUS USERS OF THIS FILE:

Beginning with the June 30, 2016 version of the Public Use File, a description for one occupation/field of licensure code (code 1383) has been changed. The description of code 1383 (Intermed. Care Fclty For Mentally Retarded/Substance Abuse) was changed to Intermed. Care Fclty For Intellectually Disabled/Substance Abuse for the variable LICNFELD.

Beginning with the November 17, 2014 version of the Public Use File, two new adverse action classification codes (codes 1151 and 1179) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

Beginning with the November 17, 2014 version of the Public Use File, 21 new occupation/field of licensure codes (codes 76, 142, 176, 211, 281, 374, 471, 551, 604, 605, 613, 637, 649, 652, 653, 658, 662, 664, 665, 667 and 668) and their labels have been added for the variable LICNFELD.

Beginning with the November 17, 2014 version of the Public Use File, labels for occupation/field of licensure codes (codes 15, 25, 100, 150, 660, 270, 642, 501, 503, 530, 758, and 810) have been updated for the variable LICNFELD.

On May 6, 2013, NPDB and HIPDB were merged into one Data Bank under Section 6403 of the Patient Protection and Affordable Care Act (ACA), Public Law 111-148, which was signed into law on March 23, 2010. All HIPDB data were transferred to the NPDB. As a result, users of the Public Use file may see a difference in the number of reports beginning with the June 30, 2013 version.

Beginning with the June 30, 2013 version of the Public Use File, SEQNO field size has been increased from 6 digits to 8 digits. Two additional fields NPGARPT and NPCTMRPT have been added.

Beginning with May 6, 2013, thirty-three adverse action classification codes (1521, 1531, 1533, 1536, 1539, 1552, 1556, 1561, 1563, 1566, 1579, 1580, 1581, 1582, 1583, 1584, 1588, 1598, 1599, 3231, 3234, 3521, 3538, 3539, 3579, 3580, 3581, 3582, 3583, 3584, 3588, 3598, and 3599) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5. Ten adverse action classification codes (1520, 1530, 1532, 1550, 1560, 1562, 1565, 1589, 3232, and 3589) and their labels have been retired for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5. One new basis for action code (72) and its label has been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the September 30, 2012 version of the Public Use File, two new Entity Type codes (code 110 and 170) and labels have been added for the variable TYPE.

Beginning on July 31, 2011, the variable "accrrpts" will be included in the Public-Use file. Due to this additional variable, the total number of variables in the Public-Use file is 52.

Beginning with the June 30, 2010 version of the Public Use File, two new adverse action classification codes (codes 1338 and 1339) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

Beginning with the March 30, 2010 version of the Public Use File, one new basis for action code (code 21) and its label has been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

## NPDB Public Use Data File (POR)

Beginning with the June 30, 2009 version of the Public Use File, seven new occupation/field of licensure codes (codes 501, 502, 503, 504, 540, 607 and 759) and their labels have been added for the variable LICNFELD.

Beginning with the June 30, 2009 version of the Public Use File, fifteen new adverse action classification codes (codes 1283, 1297, 1514, 1615, 1637, 1638, 1642, 1643, 1644, 1655, 1656, 1682, 1696, 1735 and 1796) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

Beginning with the June 30, 2009 version of the Public Use File, nineteen new basis for action codes (codes 17, 18, 23, 24, 25, 35, 36, 37, 50, 70, 79, 84, AH, D4, D5, D6, D7, D8 and E6) and their labels have been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the June 30, 2009 version of the Public Use File, two adverse action classification codes (codes 1950 and 3950), and one basis for action code (code 10) have been retired.

Beginning with the June 30, 2009 version of the Public Use File, two descriptions of Occupation/Field of Licensure codes (codes 500 and 758) have been changed. The code number and description of code 500 (Medical Technologist) was changed to code 501 (Medical/Clinical Lab Technologist). The description of code 758 (Long-Term Care Administrator) was changed to Long-Term Care/Nursing Home Administrator. Beginning with the June 30, 2009 version of the Public Use File, 3-digit TYPE codes and their labels have been added.

Beginning with the September 30, 2007 version of the Public Use File, twenty new adverse action classification codes (codes 1138, 1146\*, 1310, 1325, 1335, 1340, 1345, 1346, 1347, 1348, 1349, 1373, 1389, 1399, 1480, 1482, 1485, 1495, 1496, 1634 and 1639) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

**\*NOTICE OF CHANGE IN MEANING OF CODE.** Effective with the September 30, 2007 data file, Adverse Action Classification Code 1146 was reassigned to "Voluntary Limitation or Restriction on License". In earlier data files, code 1146 was used for "Reprimand, Censure, Voluntary Surrender of License (Individual) (Legacy Reports Only)." Code 1144 is now used for this category.

BEGINNING WITH FILES DATED DECEMBER 31, 2005 AND LATER, four new field of license codes (codes 148, 165, 175, and 470) have been added for the LICNFELD variable and the description of LICNFELD in this documentation was updated to reflect the additions. Users should be cautious in interpreting results involving the new codes. Although these codes were first available to reporters on October 17, 2005, for this data file any previously filed reports which included a written in "other, specify" response that fit one of the newly available codes was coded to the new code in this file. However, reports which may actually involve a practitioner in a field with newly available code but which were actually reported using an old code could not be recoded to the new code. For example, a Certified Nurse Aide (new code 148) that was previously reported as a Nurse Aide (code 150) was not recoded to 148 since we have no way to tell from the record that the practitioner was actually a certified nurse aide. But if the individual was previously reported with "Certified Nurse Aide" written in the "other, specify" field, then the report was recoded to 148.

>>>>> IMPORTANT NOTICE TO USERS OF FILES DATED MARCH 31, 2004 OR LATER WHO USED EARLIER VERSIONS OF THE NPDB PUBLIC USE FILE <<<<<<

The March 31, 2004 and later versions of the Public Use File are substantially different from previous versions in both content and format. New variables have been added concerning malpractice payments. Some old variables have been dropped and old values converted to values for the new variables. Some variables have been renamed. These changes reflect changes to the NPDB's malpractice payment

reporting requirements effective January 31, 2004. Specifically, AGEGROUP has been re-named PRACTAGE; ALGNNATR, ALEGATN1 and ALEGATN2 have replaced MALCODE1 and MALCODE2; OUTCOME has been added; TOTALPMT has been added to represent all past and expected future payments for the reported practitioner for this particular incident. PAYMENT is retained. It represents, as it has in the past, the amount of the reported payment, which in most cases is the total payment. In addition, payment amount groupings have been changed for larger payments for the "PAYMENT" variable. These new groupings also apply to the new "TOTALPMT" variable. PYRRLTNS, which explains the relationship of the reporting entity to the reported practitioner, PTAGE, the age of the allegedly injured patient in 10 year increments, PTGENDER, and PTTYPER, inpatient, outpatient, or both, have been added. Only records reported on or after January 31, 2004 in the new reporting format include values for the new variables except ALGNNATR, ALEGATN1 and ALEGATN2. For older records these three variables have values translated from the previous MALCODE1 and MALCODE2 variables. The EXCLTYPE, EXCLSTAT, and EXCLYEAR variables have been deleted because all legacy format Exclusion records have been converted to new format Adverse Action records. The information previously found in these three variables is now found in the analogous variable in exclusion Adverse Action records. The RECTYPE variable was also changed to accommodate the new malpractice payment report type. Detailed information is provided below in the **"Detailed Variable Information"** section.

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BEGINNING WITH FILES DATED DECEMBER 31, 2003 AND LATER, this documentation file changed. The code list for the REPTYPE variable was updated.

BEGINNING WITH FILES DATED JUNE 30, 2003 AND LATER, this documentation file changed. The code lists for the following variables were updated: LICNFELD, MALCODE1, AACCLASS1, BASISCD1, and TYPE. New date of first use and date of last use columns also have been added to the description of the values for some variables. The date of first use and date of last use columns indicate the dates that the values were offered as selection criteria for report submission. When no date of first use is provided, the value has always been available. When no date of last use is provided, the value is currently available. The format for the data file was not changed.

BEGINNING WITH FILES DATED SEPTEMBER 30, 2002 AND LATER, the format of the data file changed. The adverse action classification variable name (AACCLASS) was changed to "AACCLASS1" and four additional adverse action classification variables (AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5) were included in the file. Therefore each record may have up to five adverse action classification codes.

BEGINNING WITH FILES DATED APRIL 30, 2002 AND LATER, the format of the data file changed. The basis for action variable name (BASISCD) was changed to "BASISCD1" and four additional basis for action variables (BASISCD2, BASISCD3, BASISCD4, and BASISCD5) were included in the file. Therefore each record may have up to five basis for action codes.

BEGINNING WITH FILES DATED DECEMBER 31, 1999 AND LATER, the format of the data file changed. Records of exclusions from participation in Medicare and Medicaid (individuals only, not organizations) were added to the file and variables concerning exclusions were added. Beginning with the file of December 31, 1999, the payment amount variable also was changed. Ranges of payment amounts have been established and all payments within a range are coded to the midpoint of the range. In addition, beginning with the file of December 31, 1999, the variables included for adverse action records were changed. Files dated December 31, 1999, and later also contain revised variables for counts of the

number of reports of various types for each practitioner. See the descriptions of the variables below for details concerning the new or changed variables.

BEGINNING WITH FILES DATED SEPTEMBER 30, 1999 AND LATER, the former "PROCYR" (year current version of the record was processed into the npdb) variable was changed to "ORIGYEAR" (year original version of the report was processed into the npdb). This variable does not change if a report is corrected or modified in a later year. The "TYPE" variable also replaced "ENTYTPDB" in the September 30, 1999 and later files. This reflects a change in entity type codes introduced during the summer of 1999. As reporting entities re-register with the NPDB, the type codes shown in this file will increasingly reflect use of the new codes; however since some reports included in this file were reported by entities which no longer exist or are no longer registered, some reports may permanently use the old entity type codes. See the explanation of "type" below.

BEGINNING WITH FILES DATED APRIL 30, 1999 AND LATER, each record contained the variable "FUNDPYMT," which identifies malpractice payments made by State Patient Compensation Funds. In most cases these payments are in addition to payments made for the same practitioner for the same incident by a primary insurer.

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**Source of Data File:**

Division of Practitioner Data Bank  
Bureau of Health Workforce/Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, RM 11NWH04  
Rockville, MD 20857  
(301) 443-2300; fax (301) 443-6725  
E-mail to: [dpdbdatarequests@hrsa.gov](mailto:dpdbdatarequests@hrsa.gov)

**Credit:**

Please cite the following as the source for this data in any report or publication which makes use of this data: "National Practitioner Data Bank Public Use Data File, [date], U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Division of Practitioner Data Bank." ANY MENTION OF THE SOURCE OF THIS INFORMATION SHOULD REFER TO THE PUBLIC USE DATA FILE. IT IS NOT CORRECT TO CITE THE NATIONAL PRACTITIONER DATA BANK AS THE SOURCE WITHOUT ALSO SPECIFYING THE PUBLIC USE DATA FILE.

**Summary:**

The Health Care Quality Improvement Act of 1986 (HCQIA), as amended, Title IV of Public Law 99-660, led to the establishment of the National Practitioner Data Bank (NPDB). Title IV authorized the NPDB to collect and disclose to authorized queriers certain information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. Subsequent laws later expanded the information collected and disclosed by the NPDB and modified its operations. Most recently, Congress passed Section 6403 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148 to eliminate duplication between the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). On May 6, 2013, NPDB operations were consolidated with those of the former HIPDB. As a result of this consolidation, information previously collected and disclosed by the HIPDB is now collected and disclosed by the NPDB. This legislation established the NPDB as the single Data Bank to receive and disclose information collected under Title IV, Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act. Information is available to eligible entities based on

the requirements of each law. As of May 6, 2013, the NPDB Public Use Data File contains reports received by the NPDB concerning health care practitioners, entities, providers and suppliers. Reports in the NPDB Public Use File include medical malpractice payments, and adverse actions, including clinical privileges actions, Federal and state licensure and certification actions, professional society membership actions, peer review organization actions, private accreditation actions, exclusions from Federal or state health care programs, and other adjudicated actions or decisions.

Information reported to the NPDB is confidential and can be provided only to authorized queriers, based on their eligibility to receive the information under each of the three laws. Authorized queriers include hospitals, other health care entities with formal peer review, professional societies with formal peer review, quality improvement organizations, health plans, state licensing and certification authorities, Federal licensing and certification agencies, state law enforcement agencies, state agencies administering State health care programs, state Medicaid Fraud Units, agencies or contractors administering Federal health care programs, U.S. Comptroller General, Federal law enforcement agencies and officials, health care practitioners (self-query), and plaintiff's attorney/*pro se* plaintiffs (under limited circumstances),.

Under section 426 of the HCQIA(42 USC 11135), as implemented by regulations at 45 CFR part 60.13(a)(2)(ix), data may be released to "a person or entity who requests information in a form which does not permit the identification of any particular health care entity, physician, dentist, or other health care practitioner." This file is released in accordance with that provision to facilitate research use of NPDB information by persons interested in medical malpractice, licensing, discipline, and quality assurance issues.

For specific detailed information on the NPDB and the types of data reported to it, you may review the NPDB Guidebook. The Guidebook is available on the Internet at <https://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>. Other information concerning the NPDB is available at <https://www.npdb.hrsa.gov>.

In accordance with the Law and Regulations, variables which identify or would allow identification of individual entities or practitioners are excluded from the public use file. In order to assure confidentiality to all types of practitioners, the smallest geographic unit identified in each record in this file is a State. However, *if workloads permit*, the Division of Practitioner Data Bank *may* be able to provide data sets for particular types of practitioners identified to smaller geographic units to researchers who demonstrate to the satisfaction of the Branch that there are enough practitioners of the subject type in each geographic unit for which they desire data (and also in any remaining area in a State for which they are not requesting data) to preclude identification of individual practitioners. Normally geographical units will have to contain at least several counties. Researchers who request such data sets are also responsible for identifying geographical units by ZIP code and for paying the costs of providing the special data set.

The NPDB Public Use Data File contains one record for each report in the NPDB as a result of the HIPDB merger on May 6, 2013, the NPDB Public Use File includes all NPDB reports from Section 1921(a)(1)(A) and 1921(a)(1)(B) with the exception of Judgment or Conviction Reports (JOCRs), as specified at the beginning of this "read.me" file.

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**Variable List**

| <b>Variable</b> | <b>Type</b> | <b>Variable Label</b>   |
|-----------------|-------------|---|
| seqno           | Numeric     | Sequence Number -- Unique to Each Record  |
| rectype         | String      | Record Type   |
| reptype         | Numeric     | Report Type   |
| origyear        | Numeric     | Year original report processed  |
| workstat        | String      | Practitioners Work State  |
| workctry        | String      | Practitioners Work Country  |
| homestat        | String      | Practitioners Home State  |
| homectry        | String      | Practitioners Home Country  |
| licnstat        | String      | Practitioners State of License (First Listed)                                       |
| licnfeld        | Numeric     | Practitioners Field of License  |
| practage        | Numeric     | Age Group of Practitioner   |
| grad            | Numeric     | Graduation year group   |
| algnnatr        | Numeric     | Malpractice Allegation Group  |
| alegatn1        | Numeric     | Specific Malpractice Allegation 1   |
| alegatn2        | Numeric     | Specific Malpractice Allegation 2   |
| outcome         | Numeric     | Severity of Alleged Malpractice Injury [available for use 1/31/2004]                |
| malyear1        | Numeric     | Year of Act or Omission 1   |
| malyear2        | Numeric     | Year of Act or Omission 2   |
| payment         | Dollar      | Payment Amount (this payment only)  |
| totalpmt        | Dollar      | Total Payment by this Payer for This Practitioner [available for use 1/31/2004]     |
| paynumbr        | String      | Single of Multiple Payment  |
| numbrprsn       | Numeric     | Number of Practitioners Payment For   |
| paytype         | String      | Payment A Result of ...   |
| pyrrltns        | String      | Relationship of Paying Entity to the Practitioner [available for use 1/31/2004]     |
| ptage           | Numeric     | Age Group of Patient [available for use 1/31/2004]                                  |
| ptgender        | String      | Gender of Patient [available for use 1/31/2004]                                     |
| pttype          | String      | Patient Type (Inpatient, Outpatient)  |
| aayear          | Numeric     | Year of Adverse Action  |
| aaclass1        | Numeric     | Adverse Action Classification1 [available for use 11/22/1999/old records converted] |
| aaclass2        | Numeric     | Adverse Action Classification2 [available for use 11/22/1999]                       |

NPDB Public Use Data File (POR)

| <b>Variable</b> | <b>Type</b> | <b>Variable Label</b>  |
|-----------------|-------------|--|
| aaclass3        | Numeric     | Adverse Action Classification3 [available for use 11/22/1999]                          |
| aaclass4        | Numeric     | Adverse Action Classification4 [available for use 11/22/1999]                          |
| aaclass5        | Numeric     | Adverse Action Classification5 [available for use 11/22/1999]                          |
| basiscd1        | String      | Basis for Action [available for use 11/22/1999]  |
| basiscd2        | String      | Basis for Action2 [available for use 11/22/1999]                                       |
| basiscd3        | String      | Basis for Action3 [available for use 11/22/1999]                                       |
| basiscd4        | String      | Basis for Action4 [available for use 11/22/1999]                                       |
| basiscd5        | String      | Basis for Action5 [available for use 9/9/2002]   |
| aalenty         | String      | Adverse Action Length Type   |
| aalength        | Numeric     | Length of Adverse Action Penalty, in Years   |
| aaefyear        | Numeric     | Effective Year of Adverse Action   |
| aasigyr         | Numeric     | Year of AA Report Signature  |
| type            | Numeric     | Entity Type (assigned)   |
| practnum        | Numeric     | Practitioner Number Unique to This File  |
| accrrpts        | Numeric     | Subjects Number of Accreditation Reports   |
| npmalrpt        | Numeric     | Practitioners Number of Malpractice Payment Reports submitted under Title IV.          |
| nplicrpt        | Numeric     | Practitioners Number of Licensure Reports submitted under Title IV and/or Section 1921 |
| npclprpt        | Numeric     | Practitioners Number of Clinical Privileges Reports submitted under Title IV           |
| npdsmrpt        | Numeric     | Practitioners Number of Prof. Soc. Membership Reports submitted under Title IV         |
| npdearpt        | Numeric     | Practitioners Number of DEA Reports submitted under Title IV                           |
| npexcrpt        | Numeric     | Practitioners Number of Exclusion Reports submitted under Title IV and/or Section 1921 |
| npgarpt         | Numeric     | Practitioners Number of Government Administrative Reports submitted under Section 1921 |
| npctmrpt        | Numeric     | Practitioners Number of Contract Termination Reports submitted under Section 1921      |
| fundpymt        | Numeric     | State Patient Compensation, etc., Fund Payment   |

**Detailed Variable Information:**

The ".por" file is ready to use with SPSS software or other software which can import an SPSS ".por" file and requires no formatting of input data by the user. HOWEVER, USERS OF THE SPSS FILE SHOULD STILL READ THE INFORMATION BELOW WHICH DESCRIBES VARIABLES AND VALUES.

Some variables and response categories have been changed over time. Where changes have been made, the variable or value descriptions include "date of first use" and "date of last use." For example, the field of license (LICNFELD) category "Art/Recreation Therapist" was first made available for use by reporting entities on November 22, 1999. Such practitioners previously would have been reported using another field of license category. If no "Date of Last Use" is specified, the category is still in use. Researchers should take the date of first use or last use of a value into account in interpreting analysis results. If no dates are specified, the variable and values are applicable to all records.

**SEQNO**

Record Number. SEQNO is a unique number assigned to each record. The assigned numbers are not necessarily continuous or sequential. In addition, the SEQNO assigned to any particular record may not be the same in different editions of the Public Use File.

**RECTYPE**

Record Type. RECTYPE is the form of Report submitted to the NPDB. Possible values include: Malpractice Payment (old reporting format), Malpractice Payment (new reporting format), Adverse Action (old reporting format), or Adverse Action (new consolidated adverse action "CAAR" format). Note that in this file some variables from type "M" malpractice payment reports and some variables from type "A" adverse action records have been translated into the codes currently used in the new type "P" and type "C" records. This was done to facilitate analysis. These translations are not in the records disclosed in response to queries submitted to the NPDB by to authorized querying entities. Queryers receive full copies of reports as submitted.

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| A            | Adverse Action Report (format used prior to 11/22/1999 opening of the Healthcare Integrity and Protection Data Bank) |
| C            | Adverse Action Report (new consolidated "CAAR" reporting format first used 11/22/1999)                               |
| M            | Malpractice Payment (format used prior to 1/31/2004)   |
| P            | Malpractice Payment (format first used 1/31/2004)  |

**REPTYPE**

Report Type.

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 101          | Insurance Company Malpractice Payment (Individuals)          |
| 102          | Non-Insurance Company Malpractice Payment (Individuals)      |
| 301          | State Licensure Action (Individuals, Legacy Format)          |
| 302          | State Licensure Actn (Indiv, CAAR, 11/22/99 and later)       |
| 401          | Clinical Priv./Panel Mmbrshp Action (Indiv., Legacy Format)  |
| 402          | Clin Priv/Panel Mmbrshp Actn (Indiv,CAAR,11/22/99 & later)   |
| 451          | Health Plan Action (Individuals)                             |
| 501          | Prof. Society Membership Action (Individuals, Legacy Format) |
| 502          | Prof. Society Mmbrshp Action (Indiv, CAAR, 11/22/99 & later) |
| 601          | Drug Enforcement Admin. Action (Individuals, Legacy Format)  |
| 602          | Drug Enforcmnt Admin Action (Indiv, CAAR, 11/22/99 & later)  |
| 604          | Government Administrative Action (Individuals)               |
| 702          | HHS-OIG Exclusion Action (Individuals)                       |
| 703          | Exclusions & Debarments--non-HHS (Individuals, CAAR Format)  |
| 1302         | State Licensure Action (Organizations)                       |
| 1451         | Health Plan Action (Organization)                            |
| 1604         | Government Administrative Action (Organizations)             |
| 1702         | HHS-OIG Exclusion Action (Organizations, CAAR Format)        |
| 1703         | Exclusion or Debarment Action (Organizations)                |
| 1803         | Accreditation Action (Organizations)                         |

**ORIGYEAR**

Year this record (or, if the record was later corrected or changed, the year the original version of this record) was processed into the National Practitioner Data Bank. This variable is a reasonable substitute for year of Judgment or Settlement, which is an optional field, and frequently was not reported in the first few years of NPDB operation. Reports must be made to the Data Bank within 30 days of a payment, so in most cases this value represents the year the payment was made or the adverse action was taken.

| <b>Value</b> | <b>Label</b>         |
|--------------|----------------------|
| 1990         | Sep 1 - Dec 31, 1990 |
| 2016         | Jan 1 - Sep 30, 2016 |

**WORKSTAT**

Practitioner's Work State.

>>>>> See note to users at LICNSTAT variable.

| <b>Value</b> | <b>Label</b>                   |
|--------------|--------------------------------|
| AA           | Armed Forces - Americas        |
| AE           | Armed Forces - Europe          |
| AK           | Alaska                         |
| AL           | Alabama                        |
| AP           | Armed Forces - Pacific         |
| AR           | Arkansas                       |
| AS           | American Samoa                 |
| AZ           | Arizona                        |
| CA           | California                     |
| CO           | Colorado                       |
| CT           | Connecticut                    |
| DC           | District of Columbia           |
| DE           | Delaware                       |
| FL           | Florida                        |
| FM           | Federated States of Micronesia |
| GA           | Georgia                        |
| GU           | Guam                           |
| HI           | Hawaii                         |
| IA           | Iowa                           |
| ID           | Idaho                          |
| IL           | Illinois                       |
| IN           | Indiana                        |
| KS           | Kansas                         |
| KY           | Kentucky                       |
| LA           | Louisiana                      |
| MA           | Massachusetts                  |
| MD           | Maryland                       |
| ME           | Maine                          |
| MH           | Marshall Islands               |
| MI           | Michigan                       |
| MN           | Minnesota                      |
| MO           | Missouri                       |
| MP           | Northern Marianas              |
| MS           | Mississippi                    |
| MT           | Montana                        |
| NC           | North Carolina                 |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>   |
|--------------|----------------|
| ND           | North Dakota   |
| NE           | Nebraska       |
| NH           | New Hampshire  |
| NJ           | New Jersey     |
| NM           | New Mexico     |
| NV           | Nevada         |
| NY           | New York       |
| OH           | Ohio           |
| OK           | Oklahoma       |
| OR           | Oregon         |
| PA           | Pennsylvania   |
| PR           | Puerto Rico    |
| PW           | Palau          |
| RI           | Rhode Island   |
| SC           | South Carolina |
| SD           | South Dakota   |
| TN           | Tennessee      |
| TX           | Texas          |
| UT           | Utah           |
| VA           | Virginia       |
| VI           | Virgin Islands |
| VT           | Vermont        |
| WA           | Washington     |
| WI           | Wisconsin      |
| WV           | West Virginia  |
| WY           | Wyoming        |

**WORKCTRY**

Practitioner's Work Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data - i.e., numerical values, punctuation marks, etc...)

**HOMESTAT**

Practitioner's Home State.

>>>>> See note to users at LICNSTAT variable.

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (Same as WORKSTAT) |              |

**HOMECTRY**

Practitioner's Home Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data such - i.e., numerical values, punctuation marks, etc...)

**LICNSTAT**

Practitioner's State of License (First Listed State of License -- practitioners may be licensed in more than one State. Up to 10 States of license may be reported to the NDPB. Only the first State listed in an NPDB report is provided in this file.)

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (Same as WORKSTAT) |              |

>>>>> Note to users concerning State variables:  
Researchers often want to assign reports to a State for analysis purposes. Licensure Actions might normally be assigned to a State on the basis of the practitioner's License State. Other actions and malpractice payments might best be assigned on the basis of the practitioner's work State. However, work State is not a required variable in reports; reporters must report either work State or home State. They may report both. About 86 percent of records contain work State information. About 34 percent contain home State information. For non-licensure reports a commonly used method of assigning State is to create a State variable which equals work State if a work State value was reported and home State if no work State was reported. In SPSS, the following syntax would accomplish this:

```
STRING State (A2) .
RECODE
  workstat
  (ELSE=Copy) INTO State .
EXECUTE .
DO IF (Workstat = " ") .
RECODE
  Homestat
  (ELSE=Copy) INTO State .
END IF .
EXECUTE .
```

**Note:** In the DO IF (Workstat = " ") statement above, there are two spaces between the quotation marks.

## LICNFELD

Practitioner's Field of License. [Note: Reporting is required for malpractice payments made for all practitioners regardless of their field of license.

Prior to implementation of Section 1921, the Public Use File collected reports required for adverse actions (other than exclusions) only for practitioners in license fields 10 through 35 (physicians and dentists). As of March 10, 2010 reporting of licensure adverse actions is collected for all practitioner types.]

**IMPORTANT NOTE:** Prior to March 10, 2010, adverse actions concerning practitioners in license fields other than 10 through 35 (physicians and dentists) were occasionally reported to the NPDB although these reports were not required. Since the implementation of Section 1921 licensure actions on all practitioner types have been required to be reported to the NPDB. However, statistical analysis of adverse clinical privileges or professional society action reports for practitioners other than physicians and dentists is not recommended since these reports are not required to be reported and may yield misleading results. Additionally, be aware that some professions have different names in different states and could yield inconclusive results from state to state. For example one state may name a practitioner a counselor, mental health (621) while another state may use the term professional counselor (651) even though the practitioners may provide the same service. Exclusion Actions (REPTYPE = 702), however, are reported for practitioners of all license fields and may be analyzed for all types of practitioners. Malpractice Payments (REPTYPE = 101 and 102) area also reported for practitioners of all license fields and may be analyzed for all types of practitioners.

| <b>Value</b> | <b>Label</b>                        |
|--------------|-------------------------------------|
| 10           | Allopathic Physician (MD)           |
| 15           | Physician Resident (MD)             |
| 20           | Osteopathic Physician (DO)          |
| 25           | Osteopathic Physician Resident (DO) |
| 30           | Dentist                             |
| 35           | Dental Resident                     |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 50           | Pharmacist   |
| 55           | Pharmacy Intern [available 9/9/2002]   |
| 60           | Pharmacist, Nuclear  |
| 70           | Pharmacy Assistant   |
| 75           | Pharmacy Technician [available 9/9/2002]   |
| 76           | Other Pharmacy Service Occupation - Not Classified, Specify [available 11/17/2014]                     |
| 100          | Registered Nurse   |
| 110          | Nurse Anesthetist  |
| 120          | Nurse Midwife  |
| 130          | Nurse Practitioner   |
| 134          | Doctor of Nursing Practice [available 11/8/2010]   |
| 135          | Advanced Nurse Practitioner [3/5/02 - 9/9/02]  |
| 140          | LPN or Vocational Nurse  |
| 141          | Clinical Nurse Specialist [available 9/9/02]   |
| 142          | Other Nurse Occupation - Not Classified, Specify [available 11/17/2014]                                |
| 148          | Certified Nurse Aide/Nursing Assistant [available 10/17/05]  |
| 150          | Nurse Aide/Nursing Assistant   |
| 160          | Home Health Aide (Homemaker)   |
| 165          | Health Care Aide/Direct Care Worker [available 10/17/05]   |
| 170          | Psychiatric Technician   |
| 175          | Certified or Qualified Medication Aide [available 10/17/05]  |
| 176          | Other Aide Occupation - Not Classified, Specify [available 11/17/2014]                                 |
| 200          | Dietitian  |
| 210          | Nutritionist   |
| 211          | Other Dietitian/Nutritionist Occupation - Not Classified, Specify [available 11/17/2014]               |
| 250          | EMT, Basic   |
| 260          | EMT, Cardiac/Critical Care   |
| 270          | EMT, Intermediate/Critical Care  |
| 280          | EMT, Paramedic   |
| 281          | Other Emergency Medical Technician Occupation - Not Classified, Specify [available 11/17/2014]         |
| 300          | Clinical Social Worker   |
| 350          | Podiatrist   |
| 370          | Clinical Psychologist [last use 9/9/02]  |
| 371          | Psychologist [available 9/9/02]  |
| 372          | School Psychologist [available 9/9/02]   |
| 373          | Psychological Asst., Assoc., Examiner [available 9/9/02]   |
| 374          | Other Psychologist/Psychological Assistant Occupation - Not Classified, Specify [available 11/17/2014] |
| 400          | Audiologist  |
| 402          | Art/Recreation Therapist   |
| 405          | Massage Therapist  |
| 410          | Occupational Therapist   |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 420          | Occup. Therapy Assistant   |
| 430          | Physical Therapist   |
| 440          | Phys. Therapy Assistant  |
| 450          | Rehabilitation Therapist   |
| 460          | Speech/Language Pathologist  |
| 470          | Hearing Aid/Instrument Specialist [available 10/17/05]   |
| 471          | Other Speech, Language and Hearing Service Occupation - Not Classified, Specify [available 11/17/2014] |
| 500          | Medical Technologist [changed to 501(6/15/09)]   |
| 501          | Medical or Clinical Lab Technician/Technologist [available 6/15/09]                                    |
| 502          | Medical/Clinical Lab Technician [available 6/15/09]  |
| 503          | Surgical Technologist/Assistant [available 6/15/09]  |
| 504          | Surgical Assistant [available 6/15/09]   |
| 505          | Cytotechnologist [available 11/22/99]  |
| 510          | Nuclear Med. Technologist  |
| 520          | Rad. Therapy Technologist  |
| 530          | Radiologic Technician/Technologist   |
| 540          | X-Ray Technician or Operator [available 6/15/09]   |
| 550          | Limited X-Ray Machine Operator [available 11/8/2010]   |
| 551          | Other Technologist/Technician - Not Classified, Specify [available 11/17/2014]                         |
| 600          | Acupuncturist  |
| 601          | Athletic Trainer [available 11/22/99]  |
| 603          | Chiropractor   |
| 604          | Chiropractic Assistant [available 11/17/2014]  |
| 605          | Other Chiropractic Occupation - Not Classified, Specify [available 11/17/2014]                         |
| 606          | Dental Assistant   |
| 607          | Dental Therapist/Dental Health Aide [available 6/15/09]  |
| 609          | Dental Hygienist   |
| 612          | Denturist  |
| 613          | Other Dental Occupation - Not Classified, Specify [available 11/17/2014]                               |
| 615          | Homeopath  |
| 618          | Medical Assistant  |
| 621          | Counselor, Mental Health   |
| 624          | Midwife, Lay (Non-Nurse)   |
| 627          | Naturopath   |
| 630          | Ocularist  |
| 633          | Optician   |
| 636          | Optometrist  |
| 637          | Other Eye and Vision Service Occupation - Not Classified, Specify [available 11/17/2014]               |
| 639          | Orthotics/Prosthetics Fitter   |
| 642          | Physician Assistant  |
| 645          | Phys. Asst., Osteopathic   |
| 647          | Perfusionist [available 11/22/99]  |
| 648          | Podiatric Assistant  |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 649          | Other Podiatric Service Occupation - Not Classified, Specify [available 11/17/2014]                                   |
| 651          | Prof. Counselor   |
| 652          | Sex Offender Counselor [available 11/17/2014]   |
| 653          | Pastoral Counselor [available 11/17/2014]   |
| 654          | Prof. Cnslr., Alcohol   |
| 657          | Prof. Cnslr., Family/Marriage   |
| 658          | Other Rehabilitative, Respiratory and Restorative Service Occupation - Not Classified, Specify [available 11/17/2014] |
| 660          | Addictions Counselor  |
| 661          | Marriage and Family Therapist [available 9/9/02]  |
| 662          | Art Therapist [available 11/17/2014]  |
| 663          | Respiratory Therapist   |
| 664          | Recreation Therapist [available 11/17/2014]   |
| 665          | Dance Therapist [available 11/17/2014]  |
| 666          | Resp. Therapy Technician  |
| 667          | Music Therapist [available 11/17/2014]  |
| 668          | Other Behavioral Health Occupation - Not Classified, Specify [available 11/17/2014]                                   |
| 699          | Other Health Care Pract, Not Classified [available 11/22/99]  |
| 752          | Adult Care Facility Administrator [available 11/22/99]  |
| 755          | Hospital Administrator [available 11/22/99]   |
| 758          | Health Care Facility Administrator [available 6/15/09]  |
| 759          | Assisted Living Facility Administrator [available 6/15/09]  |
| 800          | Researcher, Clinical [available 11/22/99]   |
| 810          | Insurance Agent/Broker [available 11/22/99]   |
| 812          | Insurance Broker [available 11/22/99]   |
| 820          | Corporate Officer [available 11/22/99]  |
| 822          | Business Manager [available 11/22/99]   |
| 830          | Business Owner [available 11/22/99]   |
| 840          | Salesperson [available 11/22/99]  |
| 850          | Accountant [available 11/22/99]   |
| 853          | Bookkeeper [available 11/22/99]   |
| 899          | Other Individual, Not Classified [available 11/22/99]   |
| 998          | Subject of Report Not Reportable (missing value)  |
| 999          | Unspecified or Unknown  |
| 1301         | General/Acute Care Hospital   |
| 1302         | Psychiatric Hospital  |
| 1303         | Rehabilitation Hospital   |
| 1304         | Federal Hospital  |
| 1307         | Psychiatric Unit  |
| 1308         | Rehabilitation Unit   |
| 1310         | Laboratory/CLIA Laboratory  |
| 1320         | Health Insurance Company/Provider   |
| 1331         | Health Maintenance Organization   |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 1335         | Preferred Provider Organization                                   |
| 1336         | Provider Sponsored Organization                                   |
| 1338         | Religious, Fraternal Benefit Society Plan                         |
| 1342         | Blood Bank  |
| 1343         | Durable Medical Equipment Supplier                                |
| 1344         | Eyewear Equipment Supplier  |
| 1345         | Pharmacy  |
| 1346         | Pharmaceutical Manufacturer                                       |
| 1347         | Biological Products Manufacturer                                  |
| 1348         | Organ Procurement Organization                                    |
| 1349         | Portable X-Ray Supplier   |
| 1351         | Fiscal/Billing/Management Agent                                   |
| 1352         | Purchasing Service  |
| 1353         | Nursing/Health Care Staffing Service                              |
| 1361         | Chiropractic Group/Practice                                       |
| 1362         | Dental Group/Practice   |
| 1363         | Optician/Optometric Group/Practice                                |
| 1364         | Podiatric Group/Practice  |
| 1365         | Medical Group/Practice  |
| 1366         | Mental Health/Substance Abuse Group/Facility                      |
| 1367         | Physical/Occupational Therapy Group/Practice                      |
| 1370         | Research Center/Facility  |
| 1381         | Adult Day Care Facility   |
| 1382         | Hospice/Hospice Care Provider                                     |
| 1383         | Intermed. Care Fclty For Intellectually Disabled /Substance Abuse |
| 1386         | Residential Treatment Facility/Program                            |
| 1388         | Outpatient Rehab. Fclty./Comprehensive Outptnt. Rehab. Fclty      |
| 1389         | Nursing Facility/Skilled Nursing Facility                         |
| 1390         | Ambulance Service/Transportation Company                          |
| 1391         | Ambulatory Surgical Center  |
| 1392         | Ambulatory Clinic/Center  |
| 1393         | Home Health Agency/Organization                                   |
| 1394         | Health Cntr/Fedrllly. Qualified Hlth Cntr./Cmmnty Hlth Cntr.      |
| 1395         | Mental Health Center/Community Mental Health Center               |
| 1396         | Rural Health Clinic   |
| 1397         | Mammography Service Provider                                      |
| 1398         | End Stage Renal Disease Facility                                  |
| 1399         | Radiology/Imaging Center  |
| 9999         | Other Type not classified – specify                               |
| 9999         | Org. Type not specified   |

**\* LICNFELD Codes with Major Text Changes – Listed is the value from the previous versions.**

| <b>Value</b> | <b>Label</b>                 | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|------------------------------|--------------------------|-------------------------|
| 758          | Long-Term Care Administrator |                          | 06/15/2009              |

**PRACTAGE**

Practitioner's Age Group. (Based on the age of the practitioner at the time of the event leading to the report.)

| <b>Value</b> | <b>Label</b>       |
|--------------|--------------------|
| 10           | Ages 19 and under  |
| 20           | Ages 20 through 29 |
| 30           | Ages 30 through 39 |
| 40           | Ages 40 through 49 |
| 50           | Ages 50 through 59 |
| 60           | Ages 60 through 69 |
| 70           | Ages 70 through 79 |
| 80           | Ages 80 through 89 |
| 90           | Ages 90 through 99 |

**GRAD**

Practitioner's Professional School Graduation Year Group

| <b>Value</b> | <b>Label</b>      |
|--------------|-------------------|
| 1900         | 1900 through 1909 |
| 1910         | 1910 through 1919 |
| 1920         | 1920 through 1929 |
| 1930         | 1930 through 1939 |
| 1940         | 1940 through 1949 |
| 1950         | 1950 through 1959 |
| 1960         | 1960 through 1969 |
| 1970         | 1970 through 1979 |
| 1980         | 1980 through 1989 |
| 1990         | 1990 through 1999 |
| 2000         | 2000 through 2009 |
| 2010         | 2010 through 2019 |

### ALGNNATR

Malpractice Allegation Group. This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the act or omission codes used in old format reports. [This field is blank in Adverse Action records.]

IMPORTANT NOTE: When analyzing physician malpractice payments, ALGNNATR *should not* be used as a substitute for physician specialty. For example, surgery codes may be used to report payments for physicians who are not surgeons, and obstetrics codes may be used to report payments for physicians who are not OB/GYNs, etc. The NPDB does not collect information on practitioner specialty in malpractice payment reports. No information on practitioner specialty is available for analysis.

| Value | Label                       |
|-------|-----------------------------|
| 1     | Diagnosis Related           |
| 10    | Anesthesia Related          |
| 20    | Surgery Related             |
| 30    | Medication Related          |
| 40    | IV & Blood Products Related |
| 50    | Obstetrics Related          |
| 60    | Treatment Related           |
| 70    | Monitoring Related          |
| 80    | Equipment/Product Related   |
| 90    | Other Miscellaneous         |
| 100   | Behavioral Health Related   |

### ALEGATN1

First Specific Malpractice Act or Omission Code. (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the first listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records.]

| Value | Label                                   |
|-------|---|
| 100   | Failure to Use Aseptic Technique        |
| 101   | Failure to Diagnose                     |
| 102   | Failure to Delay a Case When Indicated  |
| 103   | Failure to Identify Fetal Distress      |
| 104   | Failure to Treat Fetal Distress         |
| 105   | Failure to Medicate                     |
| 106   | Failure to Monitor                      |
| 107   | Failure to Order Appropriate Medication |
| 108   | Failure to Order Appropriate Test       |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 109          | Failure to Perform Preoperative Evaluation                   |
| 110          | Failure to Perform Procedure                                 |
| 111          | Failure to Perform Resuscitation                             |
| 112          | Failure to Recognize a Complication                          |
| 113          | Failure to Treat   |
| 200          | Delay in Diagnosis   |
| 201          | Delay in Performance   |
| 202          | Delay in Treatment   |
| 203          | Delay in Treatment of Identified Fetal Distress              |
| 300          | Administration of Blood or Fluids Problem                    |
| 301          | Agent Use or Selection Error                                 |
| 302          | Complementary or Alternative Medication Problem              |
| 303          | Equipment Utilization Problem                                |
| 304          | Improper Choice of Delivery Method                           |
| 305          | Improper Management  |
| 306          | Improper Performance   |
| 307          | Improperly Performed C-Section                               |
| 308          | Improperly Performed Vaginal Delivery                        |
| 309          | Improperly Performed Resuscitation                           |
| 310          | Improperly Performed Test                                    |
| 311          | Improper Technique   |
| 312          | Intubation Problem   |
| 313          | Laboratory Error   |
| 314          | Pathology Error  |
| 315          | Medication Administered via Wrong Route                      |
| 316          | Patient History, Exam, or Workup Problem                     |
| 317          | Problems With Patient Monitoring in Recovery                 |
| 318          | Patient Monitoring Problem                                   |
| 319          | Patient Positioning Problem                                  |
| 320          | Problem with Appliance, Prostheses, Orthotic, Device, etc.   |
| 321          | Radiology or Imaging Error                                   |
| 322          | Surgical or Other Foreign Body Retained                      |
| 323          | Wrong or Misdiagnosis (e.g. Original Diagnosis is Incorrect) |
| 324          | Wrong Dosage Administered                                    |
| 325          | Wrong Dosage Dispensed                                       |
| 326          | Wrong Dosage Ordered of Correct Medication                   |
| 327          | Wrong Medication Administered                                |
| 328          | Wrong Medication Dispensed                                   |
| 329          | Wrong Medication Ordered                                     |
| 330          | Wrong Body Part  |
| 331          | Wrong Blood Type   |

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 332          | Wrong Equipment   |
| 333          | Wrong Patient   |
| 334          | Wrong Procedure or Treatment                              |
| 400          | Contraindicated Procedure                                 |
| 401          | Surgical or Procedural Clearance Contraindicated          |
| 402          | Unnecessary Procedure                                     |
| 403          | Unnecessary Test  |
| 404          | Unnecessary Treatment                                     |
| 500          | Communication Problem Between Practitioners               |
| 501          | Failure to Instruct or Communicate with Patient or Family |
| 502          | Failure to Report on Patient Condition                    |
| 503          | Failure to Respond to Patient                             |
| 504          | Failure to Supervise                                      |
| 505          | Improper Supervision                                      |
| 600          | Failure/Delay in Admission to Hospital or Institution     |
| 601          | Failure/Delay in Referral or Consultation                 |
| 602          | Premature Discharge from Institution                      |
| 603          | Altered, Misplaced or Prematurely Destroyed Records       |
| 700          | Abandonment   |
| 701          | Assault and Battery                                       |
| 702          | Breach of Contract or Warranty                            |
| 703          | Breach of Patient Confidentiality                         |
| 704          | Equipment Malfunction                                     |
| 705          | Failure to Conform with Regulation, Statute, or Rule      |
| 706          | Failure to Ensure Patient Safety                          |
| 707          | Failure to Obtain Consent or Lack of Informed Consent     |
| 708          | Failure to Protect a Third Party (Failure to Warn, etc.)  |
| 709          | Failure to Test Equipment                                 |
| 710          | False Imprisonment  |
| 711          | Improper Conduct  |
| 712          | Inadequate Utilization Review                             |
| 713          | Negligent Credentialing                                   |
| 714          | Practitioner with Communicable Disease                    |
| 715          | Product Liability   |
| 716          | Religious Issues  |
| 717          | Sexual Misconduct   |
| 718          | Third Party Claimant                                      |
| 719          | Vicarious Liability                                       |
| 720          | Wrongful Life/Birth                                       |
| 899          | Cannot Be Determined from Available Records               |
| 999          | Allegation – Not Otherwise Classified, Specify            |

**ALEGATN2**

Second Specific Malpractice Act or Omission Code (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the second listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records and Malpractice Payment records in which a second Allegation code was not supplied.]

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (Same as ALEGATN1) |              |

**OUTCOME**

Severity of Alleged Malpractice Injury. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

| <b>Value</b> | <b>Label</b>                                |
|--------------|---|
| 1            | Emotional Injury Only                       |
| 2            | Insignificant Injury                        |
| 3            | Minor Temporary Injury                      |
| 4            | Major Temporary Injury                      |
| 5            | Minor Permanent Injury                      |
| 6            | Significant Permanent Injury                |
| 7            | Major Permanent Injury                      |
| 8            | Quadriplegic, Brain Damage, Lifelong Care   |
| 9            | Death                                       |
| 10           | Cannot Be Determined from Available Records |

**MALYEAR1**

Year of Act or Omission 1. (Beginning year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Adverse Action records.]

## **MALYEAR2**

Year of Act or Omission 2. (End year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.] [This field is blank in Adverse Action records and Malpractice Payment records for which a second date was not supplied.]

May be blank if same as MALYEAR1

## **PAYMENT**

Amount of Reported Payment. This is the amount of the specific payment that led to the filing of this malpractice payment report. Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001 and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. Any payment of \$100,000,001 or more is coded as \$105,000,000. The grouping of payment amounts has the effect of slightly lowering the apparent mean and median payment amounts. For example, in the edition of the Public Use File created with data through March 31, 2004 the mean payment amount was \$187,474.87 and the median was \$72,500. The actual mean of the data that served as the basis for that edition of the file was \$189,821.03 and the actual median was \$75,000. When calculated for individual years or States, the means and medians in this file could vary slightly above or below the actual means or medians. We expect that similar relatively small differences exist for all editions of the file. Users needing exact means, medians, or other statistics may contact the Division of Practitioner Data Bank, which will provide the needed statistics if its workload permits. The exact payment amount for individual records will not be provided. [This field is blank in Adverse Action records.]

These amounts have *not* been adjusted for inflation. Users interested in adjusting for inflation may find additional information at <http://www.bls.gov/cpi/home.htm>, the web site maintained by the U.S. Department of Labor's Bureau of Labor Statistics (BLS). The BLS compiles the Consumer Price Indexes. We recommend using the "Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. City Average for All Items, 1982-84=100" for inflation adjustment of malpractice payment amounts. The BLS also publishes CPI numbers specifically for medical care (prescription drugs and medical supplies, physicians' services, eyeglasses and eye care, hospital services, etc.); however, we recommend use of the broader CPI-U since malpractice payment amounts are based on many factors in addition to the cost of medical care.

Format: DOLLAR12 (with embedded \$ signs and commas)

**TOTALPMT**

Total Payment by this Payer for This Practitioner. In most cases this will equal PAYMENT; however, if the reporting entity has made or will make other payments to this plaintiff for this practitioner in this case, this variable represents the total paid or to be paid. (Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001 and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

TOTALPMT values have *not* been adjusted for inflation. See the discussion of adjustment for inflation with the PAYMENT variable.

Format: DOLLAR12 (with embedded \$ signs and commas)

**PAYNUMBR**

Single or Multiple Payment. (Malpractice settlements or judgments may be paid in one payment or in multiple payments. This variable specifies which is applicable to this record.) [This field is blank in Adverse Action records.]

| <b>Value</b> | <b>Label</b>      |
|--------------|-------------------|
| S            | Single Payment    |
| M            | Multiple Payments |
| U            | Unknown           |

**NUMBPRSN**

Number of Practitioners Included in the Payment (Payments may be made which pertain to the acts or omissions of a number of practitioners. A separate report must be filed for each named practitioner.) [This field is blank in Adverse Action records.]

>>>>> Note to users concerning NUMBPRSN:

NUMBPRSN is an indicator of the total number of practitioners involved in a case. The PAYMENT and TOTALPMT fields *should* refer to the amounts paid or to be paid for this specific practitioner regardless of the number of other practitioners involved. Other reports should specify the amounts paid for other practitioners. Dividing PAYMENT or TOTALPMT by NUMBPRSN does not generate a meaningful result.

**PAYTYPE**

Payment a Result of Judgment or Settlement.  
[This field is blank in Adverse Action records.]

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| B            | Before Settlement (Applicable only to certain reports filed electronically in 1995 or later. See also "U" below. In other reports, it is impossible to distinguish from Data Bank information situations in which a payment is made before a formal settlement from instances in which the reporting entity does not specify whether the payment is a result of a settlement or a judgment. Most such instances are believed to be payments before settlement rather than true "unknowns.") |
| J            | Judgment  |
| O            | Other   |
| S            | Settlement  |
| U            | Unknown or Before Settlement [See note with "B"]  |

>>>>> Note to users concerning PAYTYPE:

We recommend that analysis of the PAYTYPE variable be done by considering all values except "J" to be settlements of one type or another.)

**PYRRLTNS**

Relationship of Paying Entity to the Practitioner. [This field is blank in Adverse Action records.]

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 1            | Insurance Company (Legacy report, RECTYPE = M, prior to 1/31/2004)                          |
| 2            | Guaranty Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)                              |
| 3            | Self-insured Organization (Legacy report, RECTYPE = M, prior to 1/31/2004)                  |
| 4            | State Medical Malpractice Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)             |
| E            | Insurance Company - Excess Insurer (RECTYPE = P, 1/31/2004 and later)                       |
| G            | Insurance Guaranty Fund (RECTYPE = P, 1/31/2004 and later)                                  |
| M            | State Medical Malpractice Payment Fund - Primary Insurer (RECTYPE = P, 1/31/2004 and later) |
| O            | State Medical Malpractice Payment Fund - Secondary Payer (RECTYPE = P, 1/31/2004 and later) |
| P            | Insurance Company - Primary Insurer (RECTYPE = P, 1/31/2004 and later)                      |
| S            | Self-Insured Organization (RECTYPE = P, 1/31/2004 and later)                                |

**PTAGE**

Patient Age in Groups of Years. (Patient Age at the time of the incident which led to the payment. Fractional years are used only for patients less than one year old. Fetuses are coded as -1.) This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

| <b>Value</b> | <b>Label</b>       |
|--------------|--------------------|
| -1           | Fetus              |
| 0            | Under 1 year       |
| 1            | Age 1 through 9    |
| 10           | Age 10 through 19  |
| 20           | Age 20 through 29  |
| 30           | Age 30 through 39  |
| 40           | Age 40 through 49  |
| 50           | Age 50 through 59  |
| 60           | Age 60 through 69  |
| 70           | Age 70 through 79  |
| 80           | Age 80 through 89  |
| 90           | Ages 90 through 99 |

**PTGENDER**

Gender of Patient. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

| <b>Value</b> | <b>Label</b> |
|--------------|--------------|
| F            | Female       |
| M            | Male         |
| U            | Unknown      |

**PTTYPE**

Patient Type (Inpatient, Outpatient, Both). This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

| <b>Value</b> | <b>Label</b> |
|--------------|--------------|
| B            | Both         |
| I            | Inpatient    |
| O            | Outpatient   |
| U            | Unknown      |

**AAYEAR**

Year of Adverse Action. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the reporting entity. The process to obtain corrections for erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

**AACLASS1**

Adverse Action Classification 1. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999. For records with a RECTYPE value of "A", the value shown has been translated into the new Consolidated Adverse Action Report codes from the codes used in old format reports.

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 1110         | Revocation of License (Individual)                           |
| 1125         | Probation of License (Individual)                            |
| 1135         | Suspension of License (Individual)                           |
| 1138         | Smry/Emrgcy Limitn/Rstctn on Lic(NPDB Only)(av 8-13-07)      |
| 1139         | Sumry/Emergency Suspension of Licn. (Phys. & Dent. Only)     |
| 1140         | Reprimand or Censure (License) (Individual)                  |
| 1144         | Reprimand, Censure, Vol Srndr (Lic)(Indiv)(Lgcy Repts Only)  |
| 1145         | Voluntary Surrender of License (Individual)                  |
| 1146         | Voluntary Limitation/Restriction on License(Ind)(av 8-13-07) |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 1147         | Limitation or Restriction on License/ Practice (Individual)                      |
| 1148         | Denial of License (Renewal Only) (Individual)                                    |
| 1149         | Denial of Initial License  |
| 1150         | Vol Agrmt Refrn Pract/Susped Lic Pendg Complnt Invtgn(Ind)(NPDBOnly)(av 8/22/11) |
| 1151         | Cease and Desist(av 11-17-14)  |
| 1172         | Administrative Fine/Monetary Penalty (Licensure) (Individ.) (retired)            |
| 1173         | Publicly Available Fine/Money Penalty (Licensure) (Indiv)                        |
| 1179         | Prescriptive Authority Action, Specify(av 11-17-14)                              |
| 1189         | Publicly Avail. Negative Action/Finding Specify                                  |
| 1199         | Other Licensure Action (Not Classified) Specify                                  |
| 1280         | Licensure Restored or Reinstated (Complete)(Individual)                          |
| 1282         | License Restored or Reinstated (Conditional)(Individual)                         |
| 1283         | License Restored or Reinstated (Partial)(Ind)(av 6/15/09)                        |
| 1285         | License Reinstatement Denied (Individual)  |
| 1295         | Reduction of Previous Licensure Action (Individual)                              |
| 1296         | Extension of Previous Licensure Action (Individual)                              |
| 1297         | Modification of Previous Licensure Actn (Ind)(av 6/15/09)                        |
| 1310         | Reovctn Nurse Multi-State Lic Priv (Indivil)(avail 8-13-07)                      |
| 1325         | Probatn of Nurse Multi-State Lic Pri (Indiv)(avail 8-13-07)                      |
| 1335         | Suspsn of Nurse Multi-State Lic Priv (Indiv)(avail 8-13-07)                      |
| 1338         | Sumry/Emgcy Lmtn/Rstrct Nrs Multi-St Lic Priv(Ind)(NPDB only)(av 3/1/10)         |
| 1339         | Sumry/Emgcy Suspsn Nrs Multi-St Lic Priv(Ind)(NPDB only)(av 3/1/10)              |
| 1340         | Reprmd/Censure Nurse Multi-St Lic Priv (Ind)(av 8-13-07)                         |
| 1345         | Vol Surrender Nurse Multi-State Lic Priv (Ind)(av 8-13-07)                       |
| 1346         | Vol Lmtn/Restrct Nrs Multi-St Lic Priv (Indv)(av 8-13-07)                        |
| 1347         | Limit/Restrict Nrs Multi-State Lic Priv (Ind)(avail 8-13-07)                     |
| 1348         | Denial Renewal Nrs Multi-State Lic Priv (Ind)(av 8-13-07)                        |
| 1349         | Denial Initial Nrs Multi-State Lic Priv (Ind)(avail 8-13-07)                     |
| 1373         | Pub Avail Fine/Mny Pnlty Nrs Multi-St Lic Prv(av 8-13-07)                        |
| 1389         | Pub Avl Neg Actn/Fndg Nrs Mlti-St Lic Priv,Spfcy(av 8-13-07)                     |
| 1399         | Other Action Nurse Multi-St Lic Priv Specify(avail 8-13-07)                      |
| 1480         | Nrs Multi-St Lic Priv Restord/Reinstatd, Complnt (av 8-13-07)                    |
| 1482         | Nrs Multi-St Lic Priv Restord/Reinstatd, Condtn (av 8-13-07)                     |
| 1483         | Nrs Multi-St Lic Priv Restord/Reinstatd, Partial (av 6/15/09)                    |
| 1485         | Nrs Multi-St Lic Priv Rstoratn/Reinstmt Denied (av 8-13-07)                      |
| 1495         | Rdctn-Prev Nrs Multi-St Lic Priv Actn (Ind)(avail 8-13-07)                       |
| 1496         | Extensn-Prev Nrs Multi-St Lic Priv Action (Indv)(av 8-13-07)                     |
| 1497         | Modifictn of Prev Nrs Multi-St Lic Priv Actn (Ind)(av 6/15/09)                   |
| 1500         | Debarment from Federal Programs (Individual)                                     |
| 1505         | Exclusion from Federal Health Care Program (Individual)                          |
| 1507         | Exclusion from a State Health Care Program (Individual)                          |
| 1508         | Excl. from Medicare, Medicaid & all Other Fed. Pgms. (Indiv)                     |
| 1509         | Exclusion from Medicare & State Health Care Prgms (Indiv.)                       |
| 1510         | Govt Admin Termination of Medicare/ Fed. Prgm Partic (Indiv)                     |
| 1512         | Govt Admin Vol Termination Undr Invst, Mdcare/Othr Fed (Ind)                     |
| 1513         | Gov Admin Non Rnewl Mcare/Othr Prgm Ptcptn for Cause (Indiv)                     |
| 1514         | Modification of Previous Action (Exclusion)(Ind)(av 6/15/09)                     |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 1515         | Reinstatement (Exclusion) (Individual)   |
| 1516         | Reinstatement Denied (Exclusion) (Individual)  |
| 1517         | Govt Admin Vol Srndr fr Medicaid/St Prgm Under Invst (Indiv)   |
| 1518         | Govt Admin Nonrnwl Mcaid/Othr St Prgm Partic for Cause (Ind)   |
| 1520         | Govt Admin Contract Termination (Individual) (retired 5/6/13)  |
| 1521         | Govt Admin Contract Termination (Individual) (av 5/6/13)   |
| 1525         | Govt Admin Denial of Initial Application (Ind)(av 6/15/09)   |
| 1530         | Govt Admin Civil Money Penalty (Individual) (retired 5/6/13)   |
| 1531         | Govt Admin Civil Money Penalty Imposed by a Federal or State Health Care Program (Ind) (av 5/6/13)                         |
| 1532         | Govt Admin Administrative Fine/Monetary Penalty (Indiv) (retired 5/6/13)   |
| 1533         | Govt Admin Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (Ind) (av 5/6/13)        |
| 1536         | Govt Admin Administrative Fine/Monetary Penalty (Ind) (av 5/6/13)  |
| 1539         | Govt Admin Civil Money Penalty (Individual) (av 5/6/13)  |
| 1550         | Govt Admin Disqual of Clin Invstgtr from Recv Invest ProdcTs (retired 5/6/13)  |
| 1551         | Govt Admin Termination from Medicaid/Other State Prgm (Ind)  |
| 1552         | Govt Admin Disqualification of Clinical Investigator From Receiving Investigational Products (Ind) (av 5/6/13)             |
| 1555         | Govt Admin Disqual Based on St. Nurses Aide Reistry (Indiv)  |
| 1556         | Govt Admin Negative Finding or Listing in a State Health Care Practitioner Registry (Ind) (av 5/6/13)                      |
| 1560         | Govt Admin Personnel Action--Employee Termination (Indiv) (retired 5/6/13)   |
| 1561         | Govt Admin Personnel Action - Employee Termination (Ind) (av 5/6/13)   |
| 1562         | Govt Admin Personnel Action--Employee Suspension (Indiv) (retired 5/6/13)  |
| 1563         | Govt Admin Personnel Action - Employee Suspension (Ind) (av 5/6/13)  |
| 1565         | Govt Admin Personnel Action--Not Classified (Individual) (retired 5/6/13)  |
| 1566         | Govt Admin Personnel Action - Not Classified, Specify (Ind) (av 5/6/13)  |
| 1579         | Govt Admin Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify (Ind) (av 5/6/13)  |
| 1580         | Govt Admin Reinstatement (Ind) (av 5/6/13)   |
| 1581         | Govt Admin Reinstatement Denied (Ind) (av 5/6/13)  |
| 1582         | Govt Admin Reduction of Previous Action (Ind) (av 5/6/13)  |
| 1583         | Govt Admin Extension of Previous Action (Ind) (av 5/6/13)  |
| 1584         | Govt Admin Modification of Previous Action (Ind) (av 5/6/13)   |
| 1588         | Govt Admin Other Adjudicated Action or Decision – Not Classified, Specify (Ind) (av 5/6/13)                                |
| 1589         | Govt Admin Other Action--Not Classified (Individual) (retired 5/6/13)  |
| 1590         | Govt Admin Reinstatement (Individual)  |
| 1592         | Govt Admin Reinstatement Denied (Individual)   |
| 1595         | Govt Admin Reduction of Previous Action (Individual)   |
| 1596         | Govt Admin Extension of Previous Action (Individual)   |
| 1597         | Govt Admin Modification of Previous Action (Ind)(av 6/15/09)   |
| 1598         | Govt Admin Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify (Ind)(av 5/6/13) |
| 1599         | Govt Admin Other Certification Action – Not Classified, Specify (Ind)(av 5/6/13)   |
| 1610         | Revocation of Clinical Privileges/Panel Membership(Indiv)  |
| 1615         | Prof Review Emplmnt or Panel Mmbrshp Firing (av 6/15/09)   |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 1630         | Suspension of Clinical Privileges/Panel Membership(Indiv)              |
| 1632         | Summary/Emergency Suspension of Clin Priv/PM(Indiv)                    |
| 1634         | Vol Lim,Restr/Rdct Clin Priv/Pan Mmb Invstgn (avail 8-13-07)           |
| 1635         | Vol Surrender of Clin. Priv/Panel Memb. Under Investig (Ind)           |
| 1636         | Voluntary Acceptance of Restrtns on Privlg (Indiv) (retired)           |
| 1637         | Involuntary Resignation/Panel Membership (av 6/15/09)                  |
| 1638         | Vol Lv of Absence,While Undr/to Avoid Invtgtn(av 6/15/09)              |
| 1639         | Smry/Emrgncy Limitn/Rstrctn/Reduction Clin Priv (Individ)              |
| 1640         | Reduction of Clinical Privileges/Panel Membership (Individ)            |
| 1642         | Limit/Restrict Procdures/Practce Area (av 6/15/09)                     |
| 1643         | Concurring Consult Required Before Procedures(av 6/15/09)              |
| 1644         | Proctoring/Monitoring Required During Procedures(av 6/15/09)           |
| 1645         | Other Restriction/Limitation of Clinical Privileges(Indiv)             |
| 1650         | Denial of Clinical Privileges (Individual)                             |
| 1655         | Withdrew Renewal Appl While Undr Investgtn (av 6/15/09)                |
| 1656         | Priv Expired While Under Investgtn (av 6/15/09)                        |
| 1680         | Clin. Priv. /Panel Memb Restored/Reinstated (Complete) (Ind)           |
| 1681         | Clin Priv/Panel Memb Restored/Reinstated (Conditional) (Ind)           |
| 1682         | Clin.Priv/Panel Memb Restored/Reinstated (Partial)(av 6/15/09)         |
| 1689         | Clinical Privileges/Panel Mmbrshp Reinstatement Denied (Ind)           |
| 1690         | Reduction of Previous Actn (Clin Priv/Panel Mmbrshp) (Ind)             |
| 1695         | Extension of Previous Actn (Clin Priv/Panel Mmbrshp) (Ind)             |
| 1696         | Modifictn of Previous Actn (Clin Priv/Panl Mmbrshp) (av 6/15/09)       |
| 1699         | Reversal of Prev Clin Priv/PM Action, Appeal or Review (Ind) (retired) |
| 1710         | Revocation of Professional Society Membership (Individual)             |
| 1730         | Suspension of Professional Society Membership (Individual)             |
| 1735         | Disciplinry Probatn Affectg Membshp Rights or Priv (av 6/15/09)        |
| 1745         | Other Restriction/Limitation on Prof. Soc. Membership (Ind)            |
| 1750         | Denial of Professional Society Membership (Subsequent) (Ind)           |
| 1780         | Professional Society Membership Reinstated (Complete) (Ind)            |
| 1781         | Professional Society Mmbrshp Reinstated (Conditional) (Ind)            |
| 1789         | Professional Society Membership Reinstatement Denied (Indiv)           |
| 1790         | Reduction of Previous Action (Prof Soc Membership) (Indiv)             |
| 1795         | Extension of Previous Action (Prof Society Membership) (Ind)           |
| 1796         | Modificatn of Previous Actn (Prof Soc Mmbershp)(av 6/15/09)            |
| 1799         | Reversal of Previous Prof Soc Action, Appeal or Review (Ind) (retired) |
| 1820         | Health Plan Contract Termination (Individual)                          |
| 1920         | Contract Termination (Individuals)                                     |
| 1930         | Suspension of Health Plan Contract (Individual)                        |
| 1931         | Health Plan Contract Restriction(Ind)(av 6/15/09)                      |
| 1932         | Health Plan Administrative Fine/Monetary Penalty (Individ.)            |
| 1941         | Health Plan Employment Termination (Individual)                        |
| 1942         | Health Plan Employment Suspension (Individual)                         |
| 1950         | Denial of Hlth Plan Conctrct Applictn/Renew (Retired 6/15/09)          |
| 1951         | Denial of Health Plan Initial Contract Applicatn (av 6/15/09)          |
| 1952         | Denial of Health Plan Contract Renewal (ind) (av 6/15/09)              |
| 1989         | Other Health Plan Action, Specify (Individual)                         |
| 1990         | Health Plan Reinstatement (Individual)                                 |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 1992         | Health Plan Reinstatement Denied (Individual)  |
| 1995         | Health Plan Reduction of Previous Action (Individual)  |
| 1996         | Health Plan Extension of Previous Action (Individual)  |
| 1997         | Health Plan Modificatn of Previous Action (ind)(av 6/15/09)  |
| 3111         | Revocation of License or Certificate (Organization)  |
| 3136         | Suspension of License or Certificate (Organization)  |
| 3138         | Reprimand or Censure (Licensure) (Org)   |
| 3141         | Voluntary Surrender of License of Certificate (Organization)   |
| 3143         | Conditional or Probationary License of Certificate (Org)   |
| 3144         | Denial of License or Certificate (Renewal Only) (Org)  |
| 3145         | Denial of Initial License or Certificate (Org)   |
| 3202         | Directed Plan or Correction (Licen/Gov Admin) (Organization)   |
| 3203         | On-Site Monitoring (Licen/Gov Admin) (Organization)  |
| 3204         | Monitoring (Licensure) (Org)   |
| 3205         | Directed In-Service Training (Licen/Gov Admn) (Organization)   |
| 3206         | Appointment of Temporary Management (Licen/Gov Admin)(Org)   |
| 3207         | Restrictions on Admissions or Services (Licen/Gov Adm) (Org)   |
| 3210         | Closure of Facility (Licensure/Gov Admin) (Organization)   |
| 3212         | Transfr Residnts to Othr Facil w/o Closure (Lic/GovAd) (Org)   |
| 3220         | Receivership (Licensure) (Organization)  |
| 3225         | Liquidation (Licensure) (Organization)   |
| 3230         | Civil Money Penalty (Licensure/Gov Admin) (Organization)   |
| 3231         | Civil Money Penalty Imposed by a Federal or State Health Care Program (Org) (av 5/6/13)                            |
| 3232         | Administrative Fine/Money Penalty (Gov Adm) (Org) (retired 5/6/13)   |
| 3233         | Publicly Available Fine/Monetary Penalty (Licen) (Org)   |
| 3234         | Gov Admin Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (Org) (av 5/6/13) |
| 3238         | Summary/Emergency Action (NPDB Only), Specify (Org.)   |
| 3239         | Other Licensure Action, Not Classified (Organization)  |
| 3281         | License or Certification Restored or Reinst. Complete (Org.)   |
| 3283         | License or Cert. Restored or Reinstated, Conditional (Org)   |
| 3284         | License Restored or Reinstated, Partial (Org) (av 6/15/09)   |
| 3286         | License or Certification Restoration/Reinstatement Denied (Org.)   |
| 3295         | Reduction of Previous Licensure Action (Organization)  |
| 3296         | Lic. Extension of Previous Action (Org.)   |
| 3297         | Modification of Previous Licensure Action (Org) (av 6/15/09)   |
| 3500         | Debarment from Federal Programs (Organization)   |
| 3505         | Exclusion from a Federal Health Care Program (Organization)  |
| 3507         | Exclusion from a State Health Care Program (Organization)  |
| 3508         | Exclusion from Mcare, Mcaid & All Othr Fed HC Programs (Org)   |
| 3509         | Exclusion from Medicare and State Health Care Programs (Org)   |
| 3510         | Gov Admin Termin of Mcare/Othr Fed Prgm Partic (Organization)  |
| 3512         | Gov Admin Vol Termntn of Mcare/Prgm Partic Undr Invest (Org)   |
| 3513         | Gov Admin Nonrenwl of Mcare/Othr Prgm Partic for Cause (Org)   |
| 3515         | Reinstatement from Exclusion or Debarment (Organization)   |
| 3516         | Reinstatement from Exclusion or Debarment Denied (Org)   |
| 3517         | Gov Adm Vol Tmtn Mcaid/St Prgm Prtcpn Undr Invst/Disc (Org)  |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 3518         | Gov Admin Non-rnwl of Mcaid/St Prgm Partic for Cause (Org)   |
| 3519         | Modification of Previous Action (Exclusion) (Org) (av 6/15/09)   |
| 3520         | Gov Admin Contract Termination (Organization)  |
| 3521         | Gov Admin Contract Termination (Org) (av 5/6/13)   |
| 3525         | Gov Admin Denial of Initial Application (Org) (av 6/15/09)   |
| 3538         | Gov Admin Administrative Fine/Monetary Penalty (Org) (av 5/6/13)   |
| 3539         | Gov Admin Civil Money Penalty (Org) (av 5/6/13)  |
| 3540         | Gov Admin Marketing Activities Suspended or Restrict (Org)   |
| 3542         | Gov Admin Beneficiary Enrollment Suspended (Organization)  |
| 3551         | Gov Admin Terminatn Mcaid/State Prgm Partic for Cause (Org)  |
| 3579         | Gov Admin Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify (Org) (av 5/6/13)   |
| 3580         | Gov Admin Reinstatement (Org) (av 5/6/13)  |
| 3581         | Gov Admin Reinstatement Denied (Org) (av 5/6/13)   |
| 3582         | Gov Admin Reduction of Previous Action (Org) (av 5/6/13)   |
| 3583         | Gov Admin Extension of Previous Action (Org) (av 5/6/13)   |
| 3584         | Gov Admin Modification of Previous Action (Org) (av 5/6/13)  |
| 3588         | Gov Admin Other Adjudicated Action or Decision Not Classified, Specify (Org) (av 5/6/13)                                   |
| 3589         | Gov Admin Other Action, Not Classified (Organization) (retired 5/6/13)   |
| 3590         | Gov Admin Reinstatment (Organization)  |
| 3592         | Gov Admin Reinstatement Denied (Organization)  |
| 3595         | Gov Admin Reduction of Previous Action (Organization)  |
| 3596         | Gov Admin Extension of Previous Action (Organization)  |
| 3597         | Gov Admin Modificatn of Previous Actn (Org) (av 6/15/09)   |
| 3598         | Gov Admin Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify (Org) (av 5/6/13) |
| 3599         | Gov Admin Other Certification Action - Not Classified, Specify (Org) (av 5/6/13)   |
| 3850         | Accreditation Award Revoked (Org.) (av 3/1/10)   |
| 3855         | Non-Accreditation/Denial of Accreditation (Org.) (av 3/1/10)   |
| 3859         | Other Private Accred. Actn (Not Classified) Specify (Org.)(av 3/1/10)  |
| 3860         | Accreditation (Organization) (av 3/1/10)   |
| 3862         | Accreditation Restored/Reinstated, Conditional (Org.)(av 3/1/10)   |
| 3864         | Accreditation Restoration/Reinstatement Denied (Org.)(av 3/1/10)   |
| 3920         | Health Plan Contract Termination (Organization)  |
| 3930         | Health Plan Suspension of Contract (Organization)  |
| 3932         | Administrative Fine/Monetary Penalty (Organization)  |
| 3950         | Denial of Contrct Applictn/Renewal (Org) (Retired 6/15/09)   |
| 3951         | Health Plan Denial of Initial Contract Applicatn (av 6/15/09)  |
| 3952         | Health Plan Denial of Contract Renewal (Org)(av 6/15/09)   |
| 3989         | Other Health Plan Action, Specify (Organization)   |
| 3990         | Reinstatement (Organization)   |
| 3992         | Reinstatement Denied (Organization)  |
| 3995         | Reduction of Previous Action (Organization)  |
| 3996         | Extension of Previous Action (Organization)  |
| 3997         | Health Plan Modificatn of Previous Actn (Org)(av 6/15/09)  |

**\*AACCLASS1 Codes with Major Text Changes – Listed is the value from the previous versions.**

| <b>Value</b> | <b>Label</b>   | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|--|--------------------------|-------------------------|
| 1146         | Reprimand, Censure, Voluntary Surrender of License (Individual)(Legacy Reports Only)<br><i>[This is now code 1144]</i> |                          | 08/13/2007              |
| 1173         | Admin. Fine/Monetary Pnlty & Another Actn (Licensure) (Individual)   |                          | 01/08/2002              |
| 1283         | License Restored or Reinstated (Legacy Report)(Individual)   | 11/22/1999               | 06/15/2009              |

**AACCLASS2**

Adverse Action Classification 2. [This field is blank in Malpractice Payment records.]  
This variable was first used in reports on 11/22/1999.

| <b>Value</b>        | <b>Label</b> |
|---------------------|--------------|
| (SAME AS AACCLASS1) |              |

**AACCLASS3**

Adverse Action Classification 3. [This field is blank in Malpractice Payment records.]  
This variable was first used in reports on 11/22/1999.

| <b>Value</b>        | <b>Label</b> |
|---------------------|--------------|
| (SAME AS AACCLASS1) |              |

**AACCLASS4**

Adverse Action Classification 4. [This field is blank in Malpractice Payment records.]  
This variable was first used in reports on 11/22/1999.

| <b>Value</b>        | <b>Label</b> |
|---------------------|--------------|
| (SAME AS AACCLASS1) |              |



NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>  | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|---|--------------------------|-------------------------|
| 23           | Failure to Cooperate With Board Investigation   | 6/15/2009                |                         |
| 24           | Practicing With an Expired License  | 6/15/2009                |                         |
| 25           | Practicing Without a License  | 6/15/2009                |                         |
| 29           | Practicing Beyond Scope of Practice   | 11/22/1999               |                         |
| 30           | Allowing Unlicensed Person to Practice  | 11/22/1999               | 9/9/2002                |
| 31           | Noncompliance with Health and Safety Requirements                                       | 11/22/1999               |                         |
| 32           | Lack of Appropriately Qualified Professionals   | 11/22/1999               |                         |
| 34           | Financial Insolvency  |                          |                         |
| 35           | Drug Screening Violation  | 6/15/2009                |                         |
| 36           | Violation of Federal or State Tax Code  | 6/15/2009                |                         |
| 37           | Failure to Pay Child Support/Delinquent Child Support                                   | 6/15/2009                |                         |
| 39           | License Action by Fed., State, or Local Licensing Authority                             | 11/22/1999               |                         |
| 40           | Exclusion/Suspension from Fed or State HC Program                                       | 11/22/1999               |                         |
| 41           | Entities Owned/Controlled by Sanctioned Individual                                      |                          |                         |
| 42           | Individuals Controlling Sanctioned Entities   | 11/22/1999               |                         |
| 43           | Employing/Contractng w. Individ. Excluded frm Fed/St HC Prgm                            |                          |                         |
| 44           | Default on Health Education Loan or Scholarship Obligations                             | 11/22/1999               |                         |
| 45 *         | Failure to Maintain Records or Provide Medical, Financial or Other Required Information | 11/22/1999               |                         |
| 46           | Failure to Grant Immediate Access   | 11/22/1999               |                         |
| 47           | Failure to Corrective Action  |                          |                         |
| 48           | Failure to Obtain Surety Bond   |                          |                         |
| 49           | Failure to Comply w. Composition of Enrollment Requirements                             |                          |                         |
| 50           | Failure to Maintain Adequate or Accurate Records  | 6/15/2009                |                         |
| 51           | Failure to Perform Contractual Obligations  |                          |                         |
| 52*          | Incompetence, Malpractice, Negligence (Legacy Format Reports)                           | 11/22/1999               |                         |
| 53           | Failure to Provide Med Resnble or Nec. Items/Services                                   | 11/22/1999               |                         |
| 54           | Furnishing Unnecessary or Substandard Items/Services                                    | 11/22/1999               |                         |
| 55           | Improper or Abusive Billing Practices   | 11/22/1999               |                         |
| 56           | Submitting False Claims   | 11/22/1999               |                         |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>  | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|---|--------------------------|-------------------------|
| 57           | Fraud, Kickbacks and Other Prohibited Activities                | 11/22/1999               |                         |
| 58           | Imposition of Civil Money Penalty or Assessment                 | 11/22/1999               |                         |
| 59           | Peer Review Organization Recommendation                         | 11/22/1999               |                         |
| 60           | Felony Conviction Related to Health Care Fraud                  | 11/22/1999               |                         |
| 61           | Felony Conviction Re: Controlled Substance Violation            | 11/22/1999               |                         |
| 62           | Program-Related Conviction                                      | 11/22/1999               |                         |
| 63           | Conviction Re: Patient Abuse or Neglect                         | 11/22/1999               |                         |
| 64           | Conviction Re: Fraud  | 11/22/1999               |                         |
| 65           | Conviction Re: Obstruction of an Investigation                  | 11/22/1999               |                         |
| 66           | Conviction Re: Controlled Substances                            | 11/22/1999               |                         |
| 69           | Criminal Conviction, Not Classified                             | 11/22/1999               |                         |
| 70           | Violation of By-Laws, Protocols or Guidelines                   | 6/15/2009                |                         |
| 71           | Conflict of Interest  | 11/22/1999               |                         |
| 72           | Corporate Integrity Agreement Breach                            |                          |                         |
| 73           | Settlement Agreement Breach                                     |                          |                         |
| 74           | Violation of Federal or State Antitrust Statute                 |                          |                         |
| 75           | Violation of Drug-Free Workplace Act                            |                          |                         |
| 76           | Viol. of Immig. & Nationality Act Employment Provisions         |                          |                         |
| 77           | Viol. of ADA or Applicable Federal or State Laws                |                          |                         |
| 78           | Viol. of Civil Rights Act or Applicable Fed or State Laws       |                          |                         |
| 79           | Violations of Code of Ethics                                    | 6/15/2009                |                         |
| 80           | Physical Impairment   | 11/22/1999               | 9/9/2002                |
| 81           | Misrepresentation of Credentials                                | 4/30/2001                |                         |
| 82           | Debarment from Federal or State Program                         |                          |                         |
| 83           | Hospital Privileges Restricted, Suspended, or Revoked           |                          |                         |
| 84           | Violation of State Health Code (av 6/15/09)                     |                          |                         |
| 91           | Noncompl. w Priv. Accred. Standards                             |                          |                         |
| 92           | Noncompl w Prv Accrd stds posing risk to safety/quality care    |                          |                         |
| 99           | Other (Not Classified)  | 11/22/1999               |                         |
| A1           | Failure to Meet the Initial Requirements of a License           | 9/9/2002                 |                         |
| A2           | Failure to Comply with Continuing Education or Competency Rqmts | 9/9/2002                 |                         |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>  | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|---|--------------------------|-------------------------|
| A3           | Failure to Meet Licensing Board Reporting Requirements                                      | 9/9/2002                 |                         |
| A4           | Practicing Without a Valid License  | 9/9/2002                 |                         |
| A5           | Violation of or Failure to Comply with Licensing Board Order                                | 9/9/2002                 |                         |
| A6           | Violation of Federal or State Statutes, Regulations or Rules                                | 9/9/2002                 |                         |
| A7           | Surrendered License to Practice   | 9/9/2002                 |                         |
| A8 *         | Clinical Priv. Restricted, Suspended or Revoked by Another Hospital or Health Care Facility | 9/9/2002                 |                         |
| A9           | Fail to Meet/Comply w Contract Oblgtns or Particptn Rqrmnts                                 |                          |                         |
| AA           | Failure to Comply with Corrective Action Plan   | 9/9/2002                 |                         |
| AB           | Practicing Beyond the Scope of Privileges   | 9/9/2002                 |                         |
| AC           | Failure to Maintain Equipment/Missing or Inadequate Equipment                               | 9/9/2002                 |                         |
| AD           | Surrendered Clinical Privileges   | 9/9/2002                 |                         |
| AE           | Operatg w/o a License/Permits/on a Lapsed License [av 6/15/09]                              |                          |                         |
| AF           | Operating beyond scope of license (av 6/15/09)  |                          |                         |
| AG           | Failure to Maintn Supplies/Misssg or Inadequat Suppls [av 6/15/09]                          |                          |                         |
| AH           | Failure to Comply with Terms of Probation or other Previously Imposed Requirements          | 6/15/2009                |                         |
| B1           | Nolo Contendre Plea   | 9/9/2002                 |                         |
| C1           | Failure to Obtain Informed Consent  | 9/9/2002                 |                         |
| C2           | Failure to Comply with Patient Consultation Requirements                                    | 9/9/2002                 |                         |
| C3           | Breach of Confidentiality   | 9/9/2002                 |                         |
| D1           | Sexual Misconduct   | 9/9/2002                 |                         |
| D2           | Non-Sexual Dual Relationship or Boundary Violation  | 9/9/2002                 |                         |
| D3           | Exploiting a Patient for Financial Gain   | 9/9/2002                 |                         |
| D4           | Abusive Conduct Toward Staff  | 6/15/2009                |                         |
| D5           | Disruptive Conduct  | 6/15/2009                |                         |
| D6           | Conduct Evidencing Moral Unfitness  | 6/15/2009                |                         |
| D7           | Conduct Evidencing Ethical Unfitness  | 6/15/2009                |                         |
| D8           | Other Unprofessional Conduct, Specify   | 6/15/2009                |                         |
| E1           | Insurance Fraud (Medicare, Medicaid or Other Insurance)                                     | 9/9/2002                 |                         |
| E2           | Providing or Ordering Unnecessary Tests or Services   | 9/9/2002                 |                         |

NPDB Public Use Data File (POR)

| <b>Value</b> | <b>Label</b>   | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|--|--------------------------|-------------------------|
| E3           | Filing False Reports or Falsifying Records   | 9/9/2002                 |                         |
| E4           | Fraud, Deceit or Material Omission in Obtaining License or Credentials             | 9/9/2002                 |                         |
| E5           | Misleading, False or Deceptive Advertising or Marketing                            | 9/9/2002                 |                         |
| E6           | Failure to Disclose  | 6/15/2009                |                         |
| F1           | Immediate Threat to Health or Safety   | 9/9/2002                 |                         |
| F2           | Unable to Practice safely by Reason of Alcohol or Other Substance Abuse            | 9/9/2002                 |                         |
| F3           | Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder | 9/9/2002                 |                         |
| F4           | Unable to Practice Safely by Reason of Physical Illness or Impairment              | 9/9/2002                 |                         |
| F5           | Unable to Practice Safely  | 9/9/2002                 |                         |
| F6           | Substandard or Inadequate Care   | 9/9/2002                 |                         |
| F7           | Substandard or Inadequate Skill Level  | 9/9/2002                 |                         |
| F8           | Failure to Consult or Delay in Seeking Consultation w Supervisor/Proctor           | 9/9/2002                 |                         |
| F9           | Patient Abandonment  | 9/9/2002                 |                         |
| FA           | Inappropriate Refusal to Treat   | 9/9/2002                 |                         |
| FB           | Excessive Malpractice Cases / Extensive Malpractice History                        |                          |                         |
| FC           | Negligent Credentialing  |                          |                         |
| G1           | Improper or Inadequate Supervision or Delegation                                   | 9/9/2002                 |                         |
| G2           | Allowing or Aiding Unlicensed Practice   | 9/9/2002                 |                         |
| H1           | Narcotics Violation or Other Violation of Drug Statutes                            | 9/9/2002                 |                         |
| H2           | Unauthorized Prescribing of Medication   | 9/9/2002                 |                         |
| H3           | Unauthorized Dispensing of Medication  | 9/9/2002                 |                         |
| H4           | Unauthorized Administration of Medication  | 9/9/2002                 |                         |
| H5           | Error in Prescribing, Dispensing or Administering Medication                       | 9/9/2002                 |                         |
| H6           | Diversion of Controlled Substance  | 9/9/2002                 |                         |
| H7           | Inadequate security for controlled substances (org) [avail 6/15/09]                | 6/15/2009                |                         |
| H8           | Expired drugs in inventory (Org) (av 6/15/09)                                      |                          |                         |
| H9           | Misbrand Drug Labels/Lack Reqrd Labelg Drugs (Org) [av 6/15/09]                    |                          |                         |
| I1           | Diverted Conviction [av 6/6/11]  |                          |                         |

**\* The table below lists BASISCD1 codes with Major Text Changes – the value from previous versions is shown.**

| <b>Value</b> | <b>Label</b>   | <b>Date of First Use</b> | <b>Date of Last Use</b> |
|--------------|--|--------------------------|-------------------------|
| 45           | Failure to Maintain/Provide Records  |                          | 11/21/1999              |
| A8           | Clinical Privileges Restricted, Suspended or Revoked by Another Health Care Facility |                          | 09/08/2002              |
| 52           | Failure to Repay Overpayment   | 06/15/2009               | 01/24/2010              |

**BASISCD2**

Basis for Action2. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (SAME AS BASISCD1) |              |

**BASISCD3**

Basis for Action3. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (SAME AS BASISCD1) |              |

**BASISCD4**

Basis for Action4. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (SAME AS BASISCD1) |              |

**BASISCD5**

Basis for Action5. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 9/2/2002; between 11/22/1999 and 9/2/2002 only four basis codes were allowed.

| <b>Value</b>       | <b>Label</b> |
|--------------------|--------------|
| (SAME AS BASISCD1) |              |

**AALENTYP**

Adverse Action Length Type. [This field is blank in Malpractice Payment records.]

| <b>Value</b> | <b>Label</b>              |
|--------------|---------------------------|
| I            | Indefinite Penalty Length |
| P            | Permanent Penalty         |
| S            | Specified Penalty Length  |

**AALENGTH**

For specified penalty lengths, Length of Adverse Action Penalty, in Years and Fractions of Years (i.e., 2.25 is 2 years 3 months). [This field is blank in Malpractice Payment, Old Format Exclusion, and Adverse Action Records which do not have a specified penalty length.]

**AAEFYEAR**

Effective Year of Adverse Action [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

**AASIGYR**

Year of Adverse Action Report Signature. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.] [This field is blank in Malpractice Payment records.]

**TYPE**

Type of Reporting Entity.

| <b>Value</b> | <b>Label</b>                              |
|--------------|---|
| 0            | Self Query Processing                     |
| 10           | Non-Fed. Malp. Payor (Legacy)             |
| 11           | State Nursing Board (Legacy)              |
| 12           | State Pharmacist Board (Legacy)           |
| 13           | Federal Malp. Payor (Legacy)              |
| 14           | State Chiropractor Board (Legacy)         |
| 15           | Indiv. Malp. Payor (Legacy)               |
| 16           | Malpractice Payer (Organization) (Legacy) |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 17*          | State Fund (Legacy)  |
| 18           | State Optometry Board (Legacy)                               |
| 19           | State Podiatry Board (Legacy)                                |
| 20           | State Allopathic Board (Legacy)                              |
| 21           | Other Malpractice Payer, specify (Legacy)                    |
| 22           | State Osteopathic Board (Legacy)                             |
| 23           | Insurance Commission (Legacy)                                |
| 24           | State Composite Board (Legacy)                               |
| 25           | State Board - Other Practitioners (Legacy)                   |
| 26           | State Dentistry Board (Legacy)                               |
| 27           | Survey and Certification Agency (Legacy)                     |
| 28           | Other Licensing Agency Specify (Legacy)                      |
| 29           | State Board - Entity Licensing (Legacy)                      |
| 30           | Hospital (non-U.S. Government) (Legacy)                      |
| 31           | U.S. Government Hospital (Legacy)                            |
| 32           | Community Health Center (Legacy)                             |
| 33           | Health Maintenance Organization (Legacy)                     |
| 34           | Employer Health Care Purchasing Coalition or Group (Legacy)  |
| 35           | Preferred Provider Organization (Legacy)                     |
| 36           | Group Medical Practice (Legacy)                              |
| 37           | End Stage Renal Disease Facility (Legacy)                    |
| 38           | Other U.S. Government Health Care Entity (Legacy)            |
| 39           | Other Entity (non-U.S. Government) (Legacy)                  |
| 40           | Allopathic Professional Society (Legacy)                     |
| 41           | Health Insurance Company (Legacy)                            |
| 42           | Special Investigative Unit (Ins. Co./Health Plan) (Legacy)   |
| 43           | Osteopathic Professional Society (Legacy)                    |
| 44           | Hospital (Legacy)  |
| 45           | Home Health Agency/Organization (Legacy)                     |
| 46           | Dental Professional Society (Legacy)                         |
| 47           | Hospice / Hospice Care Provider (Legacy)                     |
| 48           | Managed Care Organization (MCO, PPO, HMO) (Legacy)           |
| 49           | Professional Society – Other Practitioners (Legacy)          |
| 51           | Mental Health Center / CMHC (Legacy)                         |
| 52           | Malpractice Litigant (Self) (Legacy)                         |
| 53           | Nursing Facility / Skilled Nursing Facility (Legacy)         |
| 54           | Org. under Contract with Gov. Health Care Program (Legacy)   |
| 55           | Residential Treatment Facility / Program (Legacy)            |
| 56           | Medicare Program - CMS (Legacy)                              |
| 57           | State Medicaid Agency (Legacy)                               |
| 58           | Other Govt. Program Paying for Health Care Services (Legacy) |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 59           | Indemnity Insurance Company (Legacy)                               |
| 60           | Self-Insured Employer Health Plan (Legacy)                         |
| 61           | Medicare Part A Contractor (Legacy)                                |
| 62           | Medicare Part B Contractor (Legacy)                                |
| 63           | Champus Contractor (Legacy)  |
| 64           | Medicare Contractor - FI, Enrollment or Program Integrity (Legacy) |
| 66           | Other Health Care Service Provider, Specify (Legacy)               |
| 67           | Other Health Plan, Specify (Legacy)                                |
| 70           | Accreditation Organization (Legacy)                                |
| 71           | State Agency (Legacy)  |
| 72           | Medicaid Fraud Control Unit (Legacy)                               |
| 73           | State Agency Admin. State Health Care Programs (Legacy)            |
| 74           | State Prosecutor or States Attorney (Legacy)                       |
| 75           | District Attorney/County Prosecutor, etc. (Legacy)                 |
| 76           | State Police/Bureau of Investigation (Legacy)                      |
| 77           | Health Care Investigative Unit or Task Force (Legacy)              |
| 78           | Local/Municipal Police (Legacy)                                    |
| 79           | Other Law Enforcement Agency, Specify (Legacy)                     |
| 81           | U.S. Attorney General (Legacy)                                     |
| 82           | U.S. Chief Postal Inspector (Legacy)                               |
| 83           | U.S. Inspectors General (Legacy)                                   |
| 84           | U.S. Attorneys (Legacy)  |
| 85           | U.S. Comptroller General (Legacy)                                  |
| 86           | U.S. Drug Enforcement Administration (Legacy)                      |
| 87           | U.S. Nuclear Regulatory Commission (Legacy)                        |
| 88           | Federal Bureau of Investigation (Legacy)                           |
| 90           | Federal Prosecutor or US Attorney (Legacy)                         |
| 91           | State Attorneys General (Legacy)                                   |
| 92           | Peer Review Organization Non-CMS (Legacy)                          |
| 93           | Secretary, U.S. DHHS (Legacy)                                      |
| 94           | Quality Improvement Organization under CMS Contract (Legacy)       |
| 95           | HHS OIG Exclusion (Legacy)   |
| 96           | Federal Agency Admin. Health Care Program(s) (Legacy)              |
| 97           | Private Accreditation Organization (Legacy)                        |
| 98           | Correctional Institution (Legacy)                                  |
| 99           | Authorized Agent (Legacy)  |
| 100          | General/Acute Care Hospital  |
| 101          | Children Hospital  |
| 102          | Psychiatric Hospital   |
| 103          | Rehabilitation Hospital  |
| 104          | Long Term Care Hospital  |

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 105          | Specialty Hospital                                      |
| 106          | Critical Access Hospital                                |
| 109          | Other Hospital, Specify                                 |
| 110          | Hospital in a Correctional Institution                  |
| 120          | Ambulatory Surgical Center                              |
| 121          | Ambulatory Clinic/Center                                |
| 122          | Health Center - All or Federally Qualified or Community |
| 123          | Student Health Services                                 |
| 125          | Group Medical Practice                                  |
| 130          | Mental Health Center/CMHC                               |
| 135          | End Stage Renal Disease Facility                        |
| 140          | Nursing/Skilled Nursing Facility                        |
| 143          | Assisted Living Facility                                |
| 145          | Hospice/Hospice Care Provider                           |
| 150          | Residential Treatment Facility/Program                  |
| 160          | Home Health Agency/Organization                         |
| 169          | Other Health Care Service Provider, Specify             |
| 170          | Other Health Care Provider in a Correctional Facility   |
| 200          | Employer Health Care Purchasing Coalition/Group         |
| 210          | Managed Care Organization (MCO)                         |
| 211          | Preferred Provider Organization (PPO)                   |
| 212          | Health Maintenance Organization (HMO)                   |
| 213          | Point of Service Plan (POS)                             |
| 220          | Independent Practice Association (IPA)                  |
| 221          | Physician-Hospital Organization (PHO)                   |
| 222          | Third-Party Administrator (TPA)                         |
| 223          | Vision Services Plan                                    |
| 224          | Dental Services Plan                                    |
| 225          | Managed Behavioral Health Care Org.(MBHO)               |
| 230          | Indemnity Health Insurance Company                      |
| 231          | Health Insurance Company                                |
| 232          | Special Investigative Unit (SIU)                        |
| 240          | Self-Insured Employer Health Plan                       |
| 241          | Managed Services Organization (MSO)                     |
| 242          | Delegated Credentialing Services Provider               |
| 259          | Other Health Plan, Specify                              |
| 300          | Health Care Practitioner Licensing Board/Authority      |
| 320          | Health Care Facility Licensing Board/Authority          |
| 330          | Insurance Commission                                    |
| 349          | Other Licensing Board/Authority, Specify                |
| 350          | Survey and Certification Agency                         |

| <b>Value</b> | <b>Label</b>   |
|--------------|--|
| 400          | Allopathic Professional Society                                  |
| 401          | Dental Professional Society                                      |
| 402          | Osteopathic Professional Society                                 |
| 409          | Professional Society – Other Practitioners, Specify              |
| 500          | Malpractice Payer (Organization)                                 |
| 510          | State Insur. Guaranty/Guar. Fund or Insolvnt Insurer Fund        |
| 511          | State Gov. Patient Compensatn, Excess Judgmt or Stablzatr Fund   |
| 515          | Self-Insured Entity (not eligible to register in other category) |
| 519          | Other Malpractice Payer, Specify                                 |
| 600          | Federal Prosecutor or US Attorney                                |
| 601          | Fed. Inspector General Office/Investigative Agency               |
| 606          | State Prosecutor or States Attorney                              |
| 607          | State Police/Bureau of Investigation                             |
| 608          | Medicaid Fraud Control Unit                                      |
| 610          | Local Prosecutor/District Attorney                               |
| 611          | Local/Municipal Police   |
| 622          | Correctional Institution   |
| 629          | Other Law Enforcement Agency, Specify                            |
| 650          | Medicare Program - CMS   |
| 660          | Medicaid Agency  |
| 679          | Other Govt. Program Paying for Health Care Services              |
| 689          | Org. Under Contract w/ Govt. Health Care Program                 |
| 700          | Peer Review Org. Under Contract w/ CMS                           |
| 710          | Peer Review Org. Not Under Contract w/ CMS                       |
| 800          | Private Accreditation Organization                               |

**\*The table below shows a TYPE code with a major text change – the text shown was previously used.**

| <b>Value</b> | <b>Label</b> |
|--------------|--------------|
| 17           | State Fund   |

The following eleven variables are not contained in Data Bank reports but instead are calculated at the time the public use file is created. The values of the "NPxxxRPT" variables and ACCRRPTS variable will be the same in all reports for a given practitioner (i.e., all records with the same PRACTNUM value). The FUNDPYMT variable will have a value shown only for malpractice payment records.

### **PRACTNUM**

Practitioner Number. (This number is assigned solely to each individual practitioner listed in this edition of the NPDB Public Use Data File. Its use allows researchers to link reports concerning the same practitioner. For example, if the fictional Dr. James Kildare had been reported for a malpractice payment, a clinical privileges action, and a state licensure action, the records for all three reports would list the same PRACTNUM in this file. PRACTNUM values are assigned during the creation of this file and are unique to this file. PRACTNUM is not used by the National Practitioner Data Bank in any way. It is neither linked to nor derived from any practitioner identification numbers used by the National Practitioner Data Bank. Note also that although all records of a given practitioner will have the same PRACTNUM in this edition of the Public Use Data File, that same practitioner may have a different PRACTNUM in other editions of the Public Use Data Files prepared on different dates.)

### **ACCRRPTS**

Subject's Number of Accreditation Reports. **CAUTION:** This variable counts the number of accreditation actions for the subjects in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the subject's number of accreditation action reports in your selected subset. For example, if subject number 1545 has three accreditation action reports, two for Kansas accreditation actions and one for a Missouri accreditation action, a researcher who selected only Missouri accreditation action for analysis would have only one record for subject number 1545 in his or her Missouri data file, but that record would say the subject has three accreditation action reports, not one.

### **NPMALRPT**

Subject's Number of Malpractice Payment Reports submitted under Title IV. **CAUTION:** This variable counts the number of malpractice payments for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of payment reports in your selected subset. For example, if practitioner number 1545 has three malpractice payment reports, two for Kansas payments and one for a Missouri payment, a researcher who selected only Missouri malpractice payments for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three malpractice payment reports, not one.

**NPLICRPT**

Subject's Number of Licensure Reports submitted under Title IV and/or Section 1921. CAUTION: This variable counts the number of licensure actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of licensure action reports in your selected subset. For example, if practitioner number 1545 has three licensure action reports, two for Kansas licensure actions and one for a Missouri licensure action, a researcher who selected only Missouri licensure actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three licensure action reports, not one.

**NPCLPRPT**

Subject's Number of Clinical Privileges or Panel Member Reports submitted under Title IV. CAUTION: This variable counts the number of clinical privileges or panel membership actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of clinical privileges or panel membership action reports in your selected subset. For example, if practitioner number 1545 has three clinical privileges or panel membership action reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri clinical privileges or panel membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three clinical privileges or panel membership action reports, not one.

**NPPSMRPT**

Subject's Number of Professional Society Membership Reports submitted under Title IV. CAUTION: This variable counts the number of professional society membership action reports for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of professional society membership action reports in your selected subset. For example, if practitioner number 1545 has three professional society membership reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri professional society membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three professional society membership action reports, not one.

**NPDEARPT**

Subject's Number of DEA Reports submitted under Title IV. CAUTION: This variable counts the number of DEA actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of DEA action reports in your selected subset. For example, if practitioner number 1545 has three DEA action reports, two for DEA actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one DEA action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three DEA action reports, not one.

**NPEXCRPT**

Subject's Number of Exclusion Reports submitted under Title IV and/or Section 1921. CAUTION: This variable counts the number of exclusion actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of exclusion action reports in your selected subset. For example, if practitioner number 1545 has three exclusion action reports, two for exclusion actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one exclusion action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three exclusion action reports, not one.

**NPGARPT**

Subject's Number of Government Administrative Reports submitted under Section 1921. CAUTION: This variable counts the number of government administrative actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of government administrative action reports in your selected subset. For example, if practitioner number 1545 has three government administrative action reports, two for government administrative actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one government administrative action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three government administrative action reports, not one.

**NPCTMRPT**

Subject's Number of Contract Termination Reports submitted under Section 1921. CAUTION: This variable counts the number of contract termination actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of contract termination action reports in your selected subset. For example, if practitioner number 1545 has three contract termination action reports, two for contract termination actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one contract termination action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three contract termination action reports, not one.

**FUNDPYMT**

Malpractice Payment Made by a State Patient Compensation Fund, Excess Judgment Fund, or Other Similar State Funds. (Nine States -- Florida, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina, and Wisconsin -- have or had State funds which make malpractice payments in addition to the payment made by a practitioner's primary malpractice insurance carrier if the total amount of the settlement or judgment is more than a maximum amount set in State law for payments by a primary insurance carrier. If such payments are made, there are in most cases two reports to the NPDB, one from the primary malpractice insurance carrier and one from the State fund, for a single malpractice incident. [In some instances, however, a State fund may be the only payer.] Note that payments made by these funds have the effect of increasing the number of reports and decreasing the mean and median payment amounts in the affected States. Some of these funds have made payments for practitioners not practicing in the State of the fund at the time of the malpractice incident and some routinely make some payments for practitioners who are not covered by any primary carrier. New York has a malpractice carrier of last resort which sometimes is a practitioner's only carrier and sometimes provides only excess coverage. Payments by this New York carrier are NOT identified as state fund payments.) [This field is blank except for Malpractice Payment records.]

| <b>Value</b> | <b>Label</b>  |
|--------------|---|
| 0            | Malpractice Payment Made by an Insurance Company or Self-Insured Entity |
| 1            | Malpractice Payment Made by a State Fund                                |