

Entity: TEST ENTITY (FAIRFAX, VA) | User: testuser001 HEALTH PLAN ACTION: Initial Report Subject Information



Public burden statement Please fill out as much information as possible to help entities find your report when they query. Personal Information Last Name **First Name** Middle Name Suffix (Jr, III) Last Name First Name Middle Name Suffix + Additional name (e.g. maiden name) Gender O Male O Female O Unknown Birthdate MM-DD-YYYY Is this person deceased? O No Yes O Unknown Date of Death MM-DD-YYYY Home Address/Address of Record Country United States Address Entering a military address? Address Address Line 2 Apt, Floor, Room, Suite, etc. (Optional) City State ~ City ZIP ZIP + Additional address Work Information Use our information as the practitoner's work information. Organization Name Organization Name Organization Type Other Type - Not Classified, Specify Organization Description Organization Description Country United States Address Entering a military address? Address Address Line 2 Apt, Floor, Room, Suite, etc. (Optional) City State City ZIP ZIP

# Profession or Field of Licensure

O No / Not sure

License 1

Yes

License Number

Profession and Licensure

~ CHOOSE ONE FROM LIST + Additional license Professional Schools Attended Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g. medical school, certification program). If the practitioner attended medical school, enter the medical school first, then add the school where they completed their residency and other degrees. What if the practitioner has not graduated? Name of School or Institution Completion Year School Name YYYY

Does the subject have a license for the selected profession or field of licensure?

Specialty

State

Select One

# SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number) SSN or ITIN

NPI (National Provider Identifier)

Identification Numbers

+ Additional SSN or ITIN

NPI

+ Additional NPI

+ Additional DEA

+ Additional FEIN

FEIN

UPIN

Select One

United States

Address

City

ZIP

City

ZIP

Address Line 2

+ Additional school or institution

DEA (Drug Enforcement Agency) Number DEA

To help queriers find your report, add the practitioner's NPI number if you know it.

**UPIN (Unique Physician Identification Numbers)** 

FEIN (Federal Employer Identification Number)

☑ Does the subject have an FEIN or UPIN identification number?

+ Additional UPIN

Type of Affiliation

Is the practitioner affiliated with a health care entity?

~

State

~

**Entity Name Entity Name** 

Country

Health Care Entity Affiliation

Address Entering a military address?

Apt, Floor, Room, Suite, etc. (Optional)

+ Additional affiliate

2. Action Information

☐ Add this subject to my subject database

What is a subject database?

Save and finish later

Continue to next step

Return to Options

3. Certifier Information

### Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

## Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse



Public burden statement

Selected Action(s): 1 Other Radis for Action(s) Other Basis for Action (s) Other Basis for Action Not Classified, (Specify)  Description Description  Adverse Action Information What is the name of the agency or program that took the action? Name of Agency or Program  Date the action was taken The date the decision for the action was issued, filed or signed.  MM-DOYMY  How long will it remain in effect? A specific period of time Permanently Unknown (Indefinite 0 Days Is reinstatement automatic after this period of time? No Yes Yes, with conditions (requires a Revision to Action report when status changes)  Total monetary penalty, assessment, restitution or fine  \$ 0000.00  Is the action on appeal? No Yes Yes, with conditions (requires a Revision to Action to be taken)  Describe the subject's acts or omissions that caused the action to be taken  Do not include any personally identifying information, such as names, for anyone other than this practitioner.  Your narrative description helps querying organizations understand more about the action and why it was taken.  Advo characters remaining	n Information					
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#### Select a Basis for Action



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

#### Non-Compliance With Requirements

Clinical privileges restricted, suspended or revoked by another hospital or health care facility

Debarment from federal or state program

Default on Health Education Loan or Scholarship Obligations

Exclusion or Suspension from a federal or state health care program

Failure to maintain adequate or accurate records

Failure to maintain records or provide medical, financial or other required information

Failure to perform contractual obligations

Practicing beyond the scope of practice

Practicing with an expired license

Practicing without a license

## HEALTH PLAN ACTION: Initial Report



Public burden statement

 Subject Information # Edit # Edit 2. Action Information 3. Certifier Information Review your entries to be sure they are correct before you Submit to the NPDB. Subject Information Name: **Test Practioner** Gender: Male DOB: 01-01-1960 Practitioner Deceased: No Home Address: 555 Cabin Rd Chantilly, VA 20111 Work Address: None/NA Physician (MD) Profession/Field of Licensure: Specialty: General Surgery License Info: 111111 (VA) SSN/ITIN. 55555555 NPI: None/NA DFA: None/NA None/NA FEIN: UPIN: None/NA Health Care Entity Affiliation: None/NA

## Action Information

Adverse action(s) taken: Contract termination

> Basis of action(s): Failure to maintain adequate financial records

Agency or program taking the action: Test Agency

> Date the action was taken: 05-20-2017

Date the action became effective: 05-20-2017

Length of time the action will be in effect: Indefinite/unspecified Total monetary penalty, assessment,

> None/NA restitution, or fine:

Action is on appeal?: No

Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean

laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate,

orci, sed rhoncus sapien nunc eget.

# Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

# Your Name

TEST USER

Title

ADMIN

Phone

Extension (optional)

0005551111

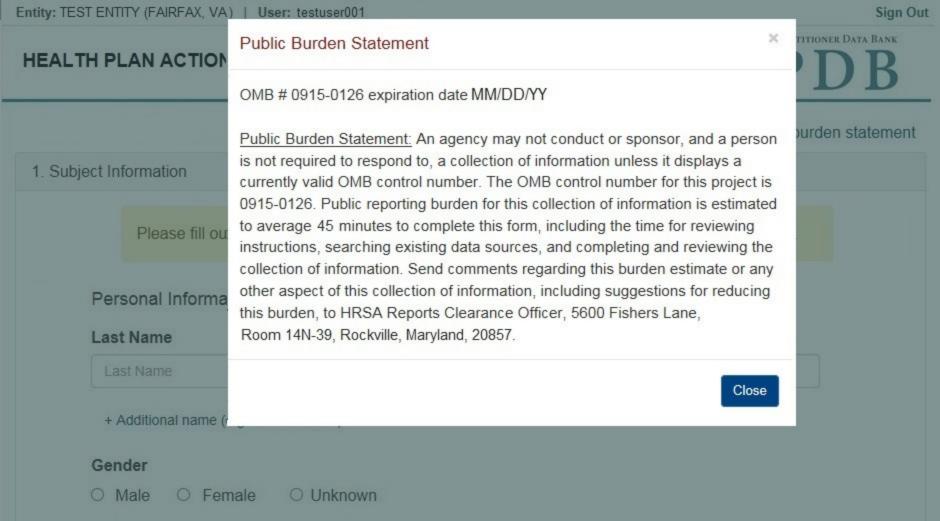
Ext.

# WARNING:

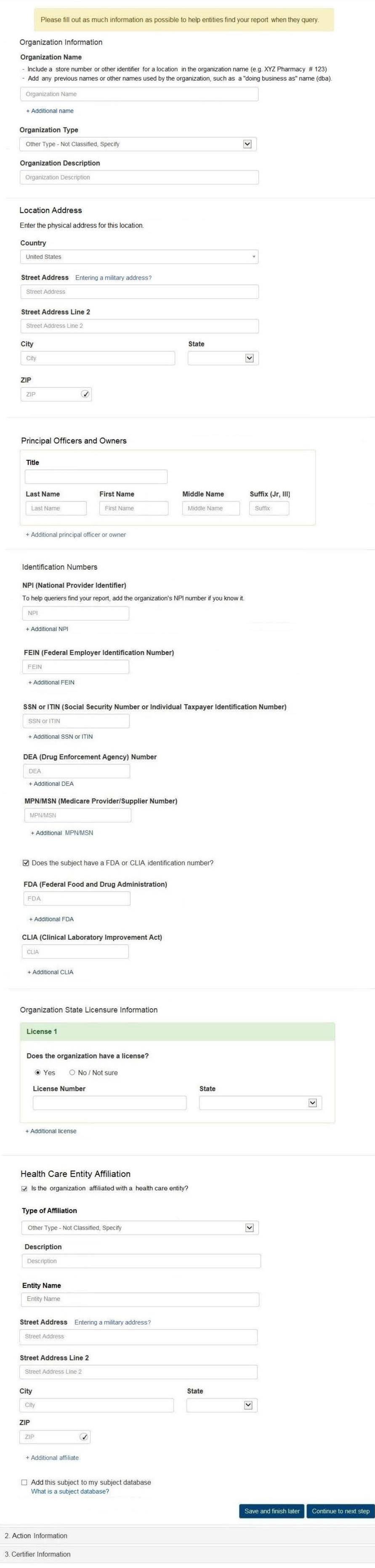
Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB



Sign Out Entity: TEST ENTITY (FAIRFAX, VA) | User: testuser001 NATIONAL PRACTITIONER DATA BANK **HEALTH PLAN ACTION: Initial Report** Public burden statement 1. Subject Information Please fill out as much information as possible to help entities find your report when they query. Organization Information **Organization Name** - Include a store number or other identifier for a location in the organization name (e.g. XYZ Pharmacy # 123) - Add any previous names or other names used by the organization, such as a "doing business as" name (dba). Organization Name



Return to Options



Public burden statement

	formation	
Sele	ect up to 5 actions  Find an Action  Type a keyword	
	Contract termination	
30000	Denial of contract renewal	
	Denial of initial contract application	
	Employment suspension	
	Employment termination	
	Suspension of contract	
Y	Other health plan action, (Specify)  Description	
	Description	
	cted Action(s): 1 ther health plan action (Specify)	Clear A
Bas	is for Action(s)	
	er Basis for Action - Not Classified, (Specify)	
Des	cription	
De	scription	
+	Additional basis for action	
Δd	verse Action Information	
	at is the name of the agency or program that took the action?	
-	ame of Agency or Program	
Date	e the action was taken	
	date the decision for the action was issued, filed or signed.	
M	M-DD-YYYY	
Date	the action went into effect	
	starting date for the action. This may be the same as the date the action was taken or it may be differe	nt.
M	M-DD-YYYY	
Hov	long will it remain in effect?	
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	instatement automatic after this period of time?  No O Yes O Yes, with conditions (requires a Revision to Action report when status change	s)
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ls th	e action on appeal?	
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Date	e of Appeal	
	M-DD-YYYY	
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Do	not include any personally identifying information, such as names.	
You	narrative description helps querying organizations understand more about the action and why it	was taken.
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Cus	number is only available to your organization.	

#### Select a Basis for Action



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

#### Non-Compliance With Requirements

Clinical privileges restricted, suspended or revoked by another hospital or health care facility

Debarment from federal or state program

Default on Health Education Loan or Scholarship Obligations

Exclusion or Suspension from a federal or state health care program

Failure to maintain adequate or accurate records

Failure to maintain records or provide medical, financial or other required information

Failure to perform contractual obligations

Practicing beyond the scope of practice

Practicing with an expired license

Practicing without a license

# **HEALTH PLAN ACTION: Initial Report**



Public burden statement

2. Action Information

2. Edit

2. Action Information

3. Certifier Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Organization Name: Test Entity #1234

Organization Type: Clinic

Address: 555 Cabin Rd

Chantilly, VA 20111

Principal Officers and Owners: John Jones

NPI: None/NA
FEIN: 55-55555
SSN/ITIN: None/NA
DEA: None/NA
MPN/MSN: None/NA
FDA: None/NA
CLIA: None/NA

License Info: 111111 (VA)

Health Care Entity Affiliation: None/NA

Action Information

Adverse action(s) taken: Contract termination

Basis of action(s): Failure to maintain adequate financial records

Agency or program taking the action: Test Agency

Date the action was taken: 05-20-2017

Date the action became effective: 05-20-2017

Length of time the action will be in effect: Indefinite/unspecified

Total monetary penalty, assessment,

restitution, or fine: None/NA

Action is on appeal?: No

Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean

laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate,

orci, sed rhoncus sapien nunc eget.

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Your Name

TEST USER

Title

ADMIN

Phone Extension (optional)

0005551111 Ext.

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

## **Non-visible Questions**

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Health Plan (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Health Plan (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Health Plan (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not require information for a specialty.	"Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Health Plan (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.

FEIN (Federal Employer Identification Number)	Health Plan (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed in the individual report if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
UPIN (Unique Physician Identification Numbers)	Health Plan (1)	Below FEIN text entry	Text Entry	The field is displayed in the individual report if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
FDA (Federal Food and Drug Administration)	Health Plan (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Health Plan (1)	Below text entry FDA (Federal Food and Drug Administration)	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.

Type of Affiliation	Health Plan (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Entity Name	Health Plan (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Country	Health Plan (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries. United States is the default selection.
Address	Health Plan (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Address Line 2	Health Plan (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.

City	Health Plan (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
State	Health Plan (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
ZIP	Health Plan (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Description	Health Plan (2)	Below an action requiring a description	Text Entry	The field is displayed if the user selects an action that requires a description.	
Description	Health Plan (2)	Below Basis of Action(s)	Text Entry	The field is displayed if the user selects a basis of action that requires a description.	
Period of time number	Health Plan (2)	Below "How long will it remain in effect?"	Text Entry	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.

Period of time type	Health Plan (2)	Below "How long will it remain in effect?"	Drop List	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.
Is reinstatement automatic after this period of time?	Health Plan (2)	Below "How long will it remain in effect?"	Radio Buttons	The fields are displayed if the user selects "A specific period of time" for "Is reinstatement automatic after this period of time?	Available options are "No," "Yes" and "Yes with conditions (Requires a Revision to Action report when status changes)
Date of Appeal	Health Plan (2)	Below Is the action on appeal?	Text Entry	The field is displayed if the user selects Yes option for "Is the action on appeal?"	

# **State Changes**

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Government Administrative	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Government Administrative	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Government Administrative	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Government Administrative	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Action	Government Administrative	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.