



System Enhancements

Data Bank Agent & Composite Board Education Forum

October 20, 2011

St. Louis, MO

Ted Perez

SRA International

Contractor for

U . S . Department of Health and Human Services

Health Resources and Services Administration

Bureau of Health Professions

Division of Practitioner Data Banks



System Enhancements



- The Data Bank is committed to ensuring an excellent user experience
- System enhancement suggestions come from calls, education forums, user testing, and conferences
- We need feedback from you to continue improving the efficiency and effectiveness of the Data Bank



Agenda



- Upcoming Data Bank Enhancements
- Incident Based Reporting
- Suggestions for Future Data Bank Enhancements



- Involve the user in the design process
- Study their goals and tasks
- Create processes and interfaces that facilitate their ability to work
- Evaluate how well the design meets users' needs



November 2011 Enhancements



- Report Search and Navigation
- Data Entry
- Error Navigation



Before: Report Navigation and Options



REPORT TYPE

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: MIN TEST-ENTITY AAA (FAIRFAX, VA)

Select the type of report you are submitting to the Data Bank(s). Please read your options carefully and click the **Help** button for additional guidance about your selection.

Help ?

Enter an Initial Report

Modify a Draft Report

The report types listed below are modifications or voids of previously submitted reports. The reporting entity must enter the Data Bank Control Number (DCN) that was assigned to the previously submitted report in the space provided below. **NOTE:** The DCN is required to proceed if you select a report type below.

DCN:

Clear

Correct or Modify a Report

(Correct an error or omission in a previously submitted Initial, Correction, or Revision to Action Report.)

Enter a Revision to Action

(Submit an action that modifies a previously reported adverse action, e.g., reinstatement, restrictions lifted, previously stayed action imposed, etc.)

Void a Report

(Retract a previously submitted report in its entirety.)

Enter a Notice of Appeal

(Notify that a subject has appealed a previously reported adverse action.)

Return to Options

Log Out



After: Report Navigation

Report Type - Windows Internet Explorer

REPORT TYPE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA)

Choose what you would like to do:

- Start** a new report on a case not previously reported by your organization.
- Continue** a draft report.
- Modify** an existing report (includes Correction, a new subsequent Revision to Action, Notice of Appeal, and Void).

[Continue](#)

[Return to Options](#) [Log Out](#)



After: Report Navigation

Report Type - Windows Internet Explorer

REPORT TYPE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA)

Choose what you would like to do:

- Start** a new report on a case not previously reported by your organization.
- Continue** a draft report.
- Modify** an existing report (includes Correction, a new subsequent Revision to Action, Notice of Appeal, and Void).

Enter the Document Control Number (DCN) of the prior report, or search if you don't know it

Or DCN:



Before: Historical Search

DCN:

OR

Customer Use:

Type of Subject:

Individual

Last Name

First Name

Begins with

Begins with

Organization

Submission Date Range (MMDDYYYY): From: To:

Status:

Report Type:

Reports Submitted by:

Submitter User ID:

SSN/ITIN:

State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Specialty:

[Continue](#)

[Clear](#)

[Return to Options](#)

[Log Out](#)



After: Historical Search

Historical Report Selection - Windows Internet Explorer

HISTORICAL REPORT SELECTION National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA) Help ?

Find a specific practitioner

Practitioner Name

Last Name First Name

Begins with Begins with

Find reports using advanced search options

Note: Search results will show reports that your organization submitted on or after June 1, 2000.



Before: Search Results and Status



REPORT STATUS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: MIN TEST-ENTITY AAA (FAIRFAX, VA)

Click the report DCN to obtain the report or, if rejected, the reason for rejection. Those items marked as Pending have not yet been processed.

Help ?

Reports will be available electronically within an average of two to four hours of receipt by the Data Bank(s). Under certain circumstances, additional processing may be required. Please do not re-submit your report on the subject in question, since this will result in duplicate transactions. If you do not receive your response within two business days of submission, please call the NPDB-HIPDB Customer Service Center.

You may sort the reports by clicking on the column headers. To view specific groups of reports, select filter criteria and click **Filter Results**.

Report DCN	Subject	Date Submitted	Report Type	Action	Status	Date Viewed	Available Until
7960000062762472	TEST, JOHN Q	02/21/2011	Initial	Professional Society	Completed		04/14/2011
7960000062761981	LASTNAME123, FIRSTNAME123	02/16/2011	Initial	Nolo Contendere (No Contest) Plea	Completed		04/14/2011
7960000062761980	LASTNAME123, FIRSTNAME123	02/16/2011	Correction	Title IV Clinical Privileges	Completed		04/14/2011
7960000062761922	LASTNAME123, FIRSTNAME123	02/09/2011	Initial	Title IV Clinical Privileges	Completed	02/11/2011	03/26/2011
7960000062761921	LASTNAME123, FIRSTNAME123	02/09/2011	Initial	Medical Malpractice Payment Report	Completed	02/09/2011	03/26/2011
7960000062761920	LASTNAME123, FIRSTNAME123	02/09/2011	Initial	Criminal Conviction (Guilty Plea Or Trial)	Completed	02/11/2011	03/26/2011

[View All](#)
[Filter Results](#)
(ALL)
(ALL)

[Return to Options](#)

[Log Out](#)



Before: Search Results

HISTORICAL REPORT SUMMARY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: MIN TEST-ENTITY AAA (FAIRFAX, VA)

Type of Subject: Individual – Last* (*Begins with)
Submission Date Range: 01/01/2011 - 03/24/2011
Status: Completed and Rejected
Report Type: All
Reports Submitted by: My organization
Results Found: 4

Help ?

Primary Sort:

Secondary Sort:

Sort

[Show All Details](#)

Subject Name:	LASTNAME123, FIRSTNAME123	Date Submitted:	02/16/2011	Show Details
Report DCN:	7960000062761981	Status:	Completed	
Primary Field of Licensure, Specialty: Physician (MD) (010), Orthopedic Surgery (83)				
Primary State License Number, State of Licensure: AAAABBBBC333, VA				
Subject Name:	LASTNAME123, FIRSTNAME123	Date Submitted:	02/16/2011	Show Details
Report DCN:	7960000062761980	Status:	Completed	
Primary Field of Licensure: Physician (MD) (010)				
Primary State License Number, State of Licensure: AAAABBBBC333, VA				
Subject Name:	LASTNAME123, FIRSTNAME123	Date Submitted:	02/09/2011	Show Details
Report DCN:	7960000062761921	Status:	Completed	
Primary Field of Licensure: Physician (MD) (010)				
Primary State License Number, State of Licensure: AAAABBBBC333, VA				
Subject Name:	LASTNAME123, FIRSTNAME123	Date Submitted:	02/09/2011	Show Details
Report DCN:	7960000062761920	Status:	Completed	
Primary Field of Licensure, Specialty: Physician (MD) (010), Aerospace Medicine (03)				
Primary State License Number, State of Licensure: AAAABBBBC333, VA				

[Show All Details](#)

Return to Previous Page

Return to Options

Log Out



After: Search Results

Practitioner Selection - Windows Internet Explorer

PRACTITIONER SELECTION National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA)

Practitioner Search Results

Search Criteria: Change Search

Last Name: Smith
First Name: J*

Search Results:
Multiple practitioners were found based on the criteria you used.

Name	Date of Birth	Identifier(s)	State-License #	Work Information
Smith, Jane	11/01/1945	SSN: ***-**-1236 NPI: ABC123	VA -12345680B VA -12345110	Reston Hospital Reston, VA
Smith, Jeffrey	04/01/1970	SSN: ***-**-1235	VA -12345679B	Fairfax Hospital Arlington, VA
Smith, Jim	08/20/1968	SSN: ***-**-1237	VA -12345681B	Fair Lakes Hospital Fairfax, VA
Smith, John Edward Smith, John E Smith, Jack	03/04/1975	SSN: ***-**-1234	VA -12345678A	Fairfax Hospital Arlington, VA



After: Search Results

Practitioner Detail - Windows Internet Explorer

PRACTITIONER DETAIL National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA)

Name: Smith, John Search Again

License: Physician (010), ABCD1234 (VA)

Your organization has submitted the following report(s) on this practitioner:

State Licensure:	Date of Action:
<ul style="list-style-type: none">Failure to maintain proper recordWriting improper prescriptions	08/23/2012
Initial Action(s): <ul style="list-style-type: none">Probation <p>Basis for Action:<ul style="list-style-type: none">Failure to maintain proper recordsWriting improper prescriptions</p> <p>Report Type: Correction</p> <p>Hide Previous Version(s) 10/01/2012 DCN: 5500000000001234</p> <p>DCN: 5500000000001240</p>	Date Submitted: 12/01/2012 Modify
Subsequent Action(s): <ul style="list-style-type: none">Reprimand or CensureLimitation or Restriction on License <p>Report Type: Revision</p> <p>DCN: 5500000000001236</p>	Date Submitted: 12/01/2012 Modify



After: Search Results

Practitioner Detail - Windows Internet Explorer

Report Type:	Correction	
	Show Previous Version(s)	
DCN:	5500000000001240	
Subsequent Action(s) :	<ul style="list-style-type: none">• Reprimand or Censure• Limitation or Restriction on License	Date Submitted: 12/01/2012
Report Type:	Revision	Modify
DCN:	5500000000001236	
Subsequent Action(s) :	<ul style="list-style-type: none">• License Restored or Reinstated, Complete	Date Submitted: 03/01/2013
Report Type:	Revision	Modify
DCN:	5500000000001267	
State Licensure:		Date of Action: 11/15/2011
<ul style="list-style-type: none">• Duplicate Billing		
Initial Action(s) :	<ul style="list-style-type: none">• Probation	Date Submitted: 12/23/2011
Basis for Action:	<ul style="list-style-type: none">• Duplicate Billing	Modify
Report Type:	Initial	
DCN:	5500000000001201	

Voided Reports
[Show Voided Reports](#)

[Return to Options](#) [Log Out](#)



After: Report Options

Modify Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA)

Verify Report Information:

Name: John Smith [Choose a Different Report](#)

DCN: [55000000000001234](#)

Date Submitted: 10/01/2012

State Licensure Action:

- Probation

What is the reason for the modification:

- The prior report requires correction because it contained errors, or is missing data (such as incorrect biographical data, or narrative description(s)).
- A subsequent action has occurred concerning the same case requiring a revision (such as reinstatement, restrictions lifted, previously stated action imposed, additional actions imposed, etc.)
- Notify the Data Bank that a subject has appealed this adverse action report.
- Void this report because it should not have been submitted(e.g. wrong practitioner named, duplicate report, did not meet reporting criteria) or the action was reversed or overturned on appeal.

[Continue](#)

[Return to Options](#) [Log Out](#)



Before: Form Selection



SELECT ACTION

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: MIN TEST-ENTITY AAA (FAIRFAX, VA)

Medical Malpractice Payment

Help ?

Clinical Privileges

(Includes Panel Membership Actions Taken by a Health Plan.)

Professional Society

Health Plan Action

(Includes Contract Terminations and Other Adjudicated Actions Taken by a Health Plan. Excludes Clinical Privileges Actions.)

Exclusion or Debarment

Criminal Conviction

(Guilty Plea or Trial.)

Nolo Contendere Plea

(No Contest Plea.)

Deferred Conviction

(Pre-Trial Diversions.)

Injunction

Civil Judgment

(Excludes Medical Malpractice Claims.)

Government Administrative

(Includes Personnel Actions; Civil Money Penalties; Contract Terminations; and Adverse Actions Taken by a Government Health Care Program or Survey and Certification Agency.)

Return to Options

Log Out



After: Form Selection

Select Action - Windows Internet Explorer

SELECT ACTION National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: TEST ENTITY (FAIRFAX, VA)

State Licensure (Includes Nurse Multi-State Licensure Privilege Actions.)

[Show additional report types](#)

Return to Options **Log Out**



Before: Data Entry

REPORT INPUT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- SSN
- ITIN
- FEIN
- NPI
- DEA Number
- UPIN
- Prof Schools
- Occupation/Lic
- Affiliation
- Adverse Action
- Basis for Action
- Certification
- Validate/Submit

SUBJECT INFORMATION

Help ?

Subject Name:

Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Names Used (Last Name and First Name Required):

	Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender: Male Female Unknown

Birth Date (MMDDYYYY):

Work Organization Name:

Organization Type:

Description (if 'Other' was selected above):

ADDRESSES

Click [Help ?](#) for information on filling out non-U.S. and military addresses.

Work Address

Street Address:



After: Data Entry



Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION [Help ?](#)

- Subject Info
- Addresses
- SSN
- ITIN
- FEIN
- NPI
- DEA Number
- UPIN
- Prof Schools
- Occupation/Lic
- Affiliation
- Adverse Action
- Basis for Action
- Certification
- Validate/Submit

Personal Information

Practitioner Name

Last Name	First Name	Middle Name	Suffix (Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add another name used](#)

Gender

Male Female Unknown

Birth Date

(MMDDYYYY)

Is Subject Deceased?

No Unknown Yes

Home Address/Address of Record

Street Address:

Address Line 2:

City:



After: Data Entry

Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION [Help ?](#)

Subject Info
Addresses
SSN
ITIN
FEIN
NPI
DEA Number
UPIN
Prof Schools
Occupation/Lic
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Personal Information

Practitioner Name

Last Name	First Name	Middle Name	Suffix (Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Remove

[Add another name used](#)

Gender
 Male Female Unknown

Birth Date
 (MMDDYYYY)

Is Subject Deceased?
 No Unknown Yes
Deceased Date (MMDDYYYY)

Home Address/Address of Record
Street Address:



Before: Data Entry



REPORT INPUT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- SSN
- ITIN
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- Occupation/Lic
- Affiliation
- Adverse Action
- Basis for Action
- Certification
- Validate/Submit

Is Subject Deceased? No Unknown Yes--Deceased Date (MMDDYYYY)

SOCIAL SECURITY NUMBERS (SSN) (FORMAT NNNNNNNNN)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

INDIVIDUAL TAXPAYER IDENTIFICATION NUMBERS (ITIN) (FORMAT 9NNNNNNNN)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

FEDERAL EMPLOYER IDENTIFICATION NUMBERS (FEIN)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

NATIONAL PROVIDER IDENTIFIERS (NPI)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBERS

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

UNIQUE PHYSICIAN IDENTIFICATION NUMBERS (UPIN)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>



Before: Data Entry



OCCUPATION AND STATE LICENSURE INFORMATION

(Provide at least one license. Check **'No License'** if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Description (complete only if 'Other' is selected above):

Specialty:

[Add Additional License/Occupation](#)

HEALTH CARE ENTITIES WITH WHICH THE SUBJECT IS AFFILIATED OR ASSOCIATED

Inclusion of an affiliated/associated health care entity in this report does not imply complicity in the reported activity.

Click [Help ?](#) for information on filling out non-U.S. and military addresses.

1. Name of Affiliated/Associated Health Care Entity:

Street Address:

Address Line 2:



After: Data Entry

Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- SSN
- ITIN
- FEIN
- NPI
- DEA Number
- UPIN
- Prof Schools
- Occupation/Lic
- Affiliation
- Adverse Action
- Basis for Action
- Certification
- Validate/Submit

Social Security Numbers (SSN)

[Add another SSN](#)

Individual Taxpayer Identification Numbers (ITIN)

[Add another ITIN](#)

Federal Employer Identification Numbers (FEIN)

[Add another FEIN](#)

National Provider Identifiers (NPI)

[Add another NPI](#)

Drug Enforcement Administration (DEA) Numbers

[Add another DEA Number](#)

Unique Physician Identification Numbers (UPIN)



After: Data Entry

Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Subject Info
Addresses
SSN
ITIN
FEIN
NPI
DEA Number
UPIN
Prof Schools
Occupation/Lic
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Occupation And State Licensure Information
(Provide at least one license. Check 'No License' if the subject does not have a State License Number. Use the **Add another License** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Specialty:

[Add another License](#)

Affiliated Health Care Entities
Click [Help ?](#) for information on filling out non-U.S. and military addresses.

1. Name of Affiliated/Associated Health Care Entity:

Street Address:

Address Line 2:



After: Error Navigation Enhancements

Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Subject Info
Addresses
SSN
ITIN
FEIN
NPI
DEA Number
UPIN
Prof Schools
Occupation/Lic
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Send e-mail notification when this and any future responses are available.

Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

[Help ?](#)

This submission could not be processed for the following reason(s):

- At least one ITIN or SSN must be provided for Individual Subject. ([Show Error](#))
- The date of action is missing or invalid. ([Show Error](#))

Please fix the problems listed above.



After: Error Navigation Enhancements

Report Input Form - Windows Internet Explorer

REPORT INPUT National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Subject Info
Addresses
SSN
ITIN
FEIN
NPI
DEA Number
UPIN
Prof Schools
Occupation/Lic
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report:

Date Action Was Taken (MMDDYYYY): The date of action is missing or invalid.

Date Action Became Effective (MMDDYYYY):

Length of Action

Permanent
 Indefinite/Unspecified
 Specific Period

Is Reinstatement Automatic at Completion of Adverse Action Period?

Yes
 Yes, with conditions (requires a Revision to Action Report when status changes)
 No

Monetary Penalty
Total Amount of Monetary Penalty, Assessment and/or Restitution or fine (Format NNNNN.NN):



January 2012 Enhancements



State Licensing Board Report Forwarding



Background



- Reporters of MMPR, Clinical Privilege, and Professional Society actions are required by law to send a copy of the report to the appropriate State Licensing Boards
 - MMPRs must be sent to the Boards in the State where the malpractice claim arose
 - AARs must be sent to the Board in the reporter's State
- This requirement is currently conveyed to the reporter on the temporary record of submission, that instructs to mail a copy of the Data Bank report verification document (RVD) to the board



Report Forwarding



- To improve compliance, the Data Bank will facilitate forwarding by:
 - Allowing State Boards to elect to receive a copy of these reports electronically
 - Allowing reporters to send a copy of eligible reports to these Boards
 - Providing email notification of new reports forwarded to a Board
 - Providing email notification to the reporter of when the Board views the forwarded report
 - Providing email notification to the reporter if the Board does NOT view the forwarded report
 - * In this case the burden remains on the reporter to send the RVD to the board
- The Data Bank is not assuming responsibility for forwarding reports
- No electronic forwarding will occur unless both sides agree to the exchange
 - Boards must opt in and declare the professions and fields they license
 - Reporters must explicitly choose where to forward each applicable report
- For cases where an eligible report can not be forwarded electronically, the burden is still on the reporter to send the report to the appropriate Board



State Board Options



- Select professions the Board covers
- Receive forwarded reports electronically




Report Forwarding

Administrator Options - Windows Internet Explorer

ADMINISTRATOR OPTIONS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Maintain User Accounts Entity Notification Preferences Help ?

View Data Bank Correspondence  State Board Profile

Update Registration Profile

Maintain IQRS Credit Cards

Maintain Agent Information

Authorize Electronic Funds Transfer (EFT)

Log Out



Report Forwarding

State Board Profile - Windows Internet Explorer

STATE BOARD PROFILE

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

As a state board you can elect to receive electronic copies of reports from organizations required by law to report to you. If you take advantage of this feature, reporters will no longer need to mail you a paper copy of the report. To allow reporters to send you their reports electronically, you must verify the healthcare practitioner types your board licenses or certifies and elect to receive these reports electronically.

Healthcare Practitioner Types Licensed/Certified By Your Board

All state boards are asked to verify the healthcare practitioner types they license or certify. Based on your reporting history, the following practitioner types are licensed or certified by your state board. Please verify these choices are correct. If there are additional healthcare practitioner types your entity licenses or certifies, please add them by clicking the additional healthcare practitioner types link.

- Physician**
 - Physician (MD)
 - Physician Intern/Resident (MD)
 - Osteopathic Physician (DO)
 - Osteopathic Physician Intern/Resident (DO)

[Additional Healthcare Practitioner Types](#)

Organizations required by law to report to your state board have the option of sending these report notices



Report Forwarding



State Board Profile - Windows Internet Explorer

STATE BOARD PROFILE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

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Physician

[Additional Healthcare Practitioner Types](#)

Organizations required by law to report to your state board have the option of sending these report notices electronically. Each state board must decide to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgement when the notice is viewed by one of your entity's users. Also, reporters will be alerted if a notice has not been viewed within one week after being delivered.



Report Forwarding

State Board Profile - Windows Internet Explorer

STATE BOARD PROFILE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

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- Physician**
 - Physician (MD)
 - Physician Intern/Resident (MD)
 - Osteopathic Physician (DO)
 - Osteopathic Physician Intern/Resident (DO)

[Additional Healthcare Practitioner Types](#)

- Nurse - Advanced, Registered, Vocational or Practical**
- Nurse Aide, Home Health Aide And Other Aide**
- Dental Service Practitioner**
- Chiropractor**



Report Forwarding

State Board Profile - Windows Internet Explorer

Additional Healthcare Practitioner Types

- Nurse - Advanced, Registered, Vocational or Practical
- Nurse Aide, Home Health Aide And Other Aide
- Dental Service Practitioner
- Chiropractor
- Counselor
- Dietician/Nutritionist
- Emergency Medical Technician (EMT)
- Eye and Vision Service Practitioner
- Physician Assistant
- Podiatric Service Practitioner
- Psychologist/Psychological Assistant
- Rehabilitative, Respiratory and Restorative Service Practitioner
- Social Worker
- Speech, Language and Hearing Service Practitioner
- Technologist/Technician

Organizations required by law to report to your state board have the option of sending these report notices electronically. Each state board must decide to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgement when the notice is viewed by one of your entity's users. Also, reporters will be alerted if a notice has not been viewed within one week after being delivered.

For further information on how to receive and view electronic notices, see [How do I view electronic report notices?](#)

Do you agree to receive report notices electronically?



Report Forwarding



State Board Profile - Windows Internet Explorer

[Additional Healthcare Practitioner Types](#)

- Nurse - Advanced, Registered, Vocational or Practical
- Nurse Aide, Home Health Aide And Other Aide
- Dental Service Practitioner
- Chiropractor
- Counselor
- Dietician/Nutritionist
- Emergency Medical Technician (EMT)
- Eye and Vision Service Practitioner
- Physician Assistant
 - Physician Assistant, Allopathic
 - Physician Assistant, Osteopathic
- Podiatric Service Practitioner
- Psychologist/Psychological Assistant
- Rehabilitative, Respiratory and Restorative Service Practitioner
- Social Worker
- Speech, Language and Hearing Service Practitioner
- Technologist/Technician

Organizations required by law to report to your state board have the option of sending these report notices electronically. Each state board must decide to allow the electronic receipt of these types of reports.

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Report Forwarding



State Board Profile - Windows Internet Explorer

Organizations required by law to report to your state board have the option of sending these report notices electronically. Each state board must decide to allow the electronic receipt of these types of reports.

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For further information on how to receive and view electronic notices, see [How do I view electronic report notices?](#)

Do you agree to receive report notices electronically?

I agree
 I do not agree

Certification

I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:	JOHN DOE		
Authorized Submitter's Title:	CERTIFIER		
Authorized Submitter's Phone:	555552222	Ext.	
Certification Date:	02/01/2012		

[Continue](#)

[Log Out](#)



Report Forwarding



State Board Profile Confirmation - Windows Internet Explorer

STATE BOARD PROFILE CONFIRMATION National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Healthcare Practitioner Types Licensed/Certified By Your Board
You have certified that your state board licenses or certifies the following healthcare practitioner types:

- Physician (MD)
- Physician Intern/Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Intern/Resident (DO)
- Physician Assistant, Allopathic
- Physician Assistant, Osteopathic

You have agreed to receive electronic report notices from organizations required by law to report to your state board. For further information on how you will be notified of these electronic report please see [How do I view electronic report notices?](#)

Certification
I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:	JOHN DOE
Authorized Submitter's Title:	CERTIFIER
Authorized Submitter's Phone:	(555) 555-2222
Certification Date:	02/01/2012

You can change these choices at any time by selecting the **State Board Profile** button from the Administrator Options screen.



Report Forwarding



State Board Profile Confirmation - Windows Internet Explorer

Healthcare Practitioner Types Licensed/Certified By Your Board

You have certified that your state board licenses or certifies the following healthcare practitioner types:

- Physician (MD)
- Physician Intern/Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Intern/Resident (DO)
- Physician Assistant, Allopathic
- Physician Assistant, Osteopathic

You have agreed to receive electronic report notices from organizations required by law to report to your state board. For further information on how you will be notified of these electronic report please see [How do I view electronic report notices?](#)

Certification

I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:	JOHN DOE
Authorized Submitter's Title:	CERTIFIER
Authorized Submitter's Phone:	(555) 555-2222
Certification Date:	02/01/2012

You can change these choices at any time by selecting the **State Board Profile** button from the Administrator Options screen.

[Continue](#)

[Log Out](#)



Reporter Options



- Choose to forward reports
- Temporary Record of Submission changes
- Report does not change



Report Forwarding

Notification Options - Windows Internet Explorer

NOTIFICATION OPTIONS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: REPORTING ENTITY (FAIRFAX, VA)

Send to State Board

Federal law (42 USC §11134(b)(1)) requires that you send a copy of your report to the appropriate state licensing board in the state in which the medical malpractice claim arose.

According to Data Bank records, licenses or certifications for **Physician (MD)** in the state of **Virginia** are administered by:
VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

To fulfill my organization's legal requirement to report this action to the state board I agree to:

Allow the Data Bank to send an electronic report notice to **VIRGINIA MEDICAL LICENSING BOARD**. I attest that this is the correct state board to notify based on where the medical malpractice claim arose.

I attest that I will provide a copy of this report to the appropriate state board when the Report Verification Document becomes available.

Note:

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 1 week verifying that the state board has or has not viewed the electronic notice.
- If the appropriate state board is not listed here you must provide a copy of the official response you retrieve (the Report Verification Document, not the Temporary Record of Submission) to the appropriate state licensing board(s) to fulfill this requirement. If the practitioner was not licensed in the state in which the medical malpractice claim arose (which may be the case with payments for federally-employed practitioners) or if the claim arose for care provided at overseas military locations, you must send a copy



Report Forwarding



Notification Options - Windows Internet Explorer

I attest that I will provide a copy of this report to the appropriate state board when the Report Verification Document becomes available.

Note:

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 1 week verifying that the state board has or has not viewed the electronic notice.
- If the appropriate state board is not listed here you must provide a copy of the official response you retrieve (the Report Verification Document, not the Temporary Record of Submission) to the appropriate state licensing board(s) to fulfill this requirement. If the practitioner was not licensed in the state in which the medical malpractice claim arose (which may be the case with payments for federally-employed practitioners) or if the claim arose for care provided at overseas military locations, you must send a copy of the report to the licensing board in at least one state in which the practitioner is licensed.

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.

Authorized Submitter's Name:	<input type="text" value="JOHN DOE"/>		
Authorized Submitter's Title:	<input type="text" value="CERTIFIER"/>		
Authorized Submitter's Phone:	<input type="text" value="5555552222"/>	Ext.	<input type="text"/>
Date:	<input type="text" value="02/08/2012"/>		

[Submit to Data Bank\(s\)](#) [Store as a Draft](#)

[Return to Previous Page](#) [Log Out](#)



Report Forwarding



Verification for DCN: 7910000068706314 - Windows Internet Explorer

the **Data Bank**
P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb-hipdb.hrsa.gov>

**TEMPORARY RECORD OF SUBMISSION
MEDICAL MALPRACTICE PAYMENT REPORT**

Report Number: 7910000068706314

Subject Name: DOE, KENT

This information you entered has been transmitted to the NPDB and/or the HIPDB for processing based on the action reported or querying authority of your entity as specified when registering with the Data Bank(s). You have not met your obligation under applicable law until this information is received, processed, and accepted by the Data Bank(s) and an official response is returned. Your official response may be retrieved (i.e., downloaded) from <http://www.npdb-hipdb.hrsa.gov> approximately two to four hours after submission (some transactions may take longer).

When the official response is retrieved, please destroy this Temporary Record of Submission and replace it with the official response.

Report Type: INITIAL



Report Forwarding



Verification for DCN: 7910000068706314 - Windows Internet Explorer

Nature of Allegation: ANESTHESIA RELATED (010)

Specific Allegation: ADMINISTRATION OF BLOOD OR FLUIDS PROBLEM (300)

Other Specific Allegations:

Date of Event Associated With Allegation or Incident: 01/01/2011

Specific Allegation:

Other Specific Allegations:

Date of Event Associated With Allegation or Incident:

Outcome: EMOTIONAL INJURY ONLY (01)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGATIONS

F. NOTICE OF ACTION

This report will be shared electronically with the following State Board(s): VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

END OF DOCUMENT

[Return to Options](#) [Log Out](#)



Report Forwarding



the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7910000068706314
Process Date: 02/08/2012
Page: 1 of 2
DOE, KENT
For authorized use by:

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 7910000068706314

This report is maintained under the provisions of:

Title IV (NPDB) Section 1921 (NPDB) Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY
Address: 4350 FAIR LAKES CT.
SUITE 100
City, State, Zip: FAIRFAX, VA 22033
Country:
Name of Office: TESTING
Title or Department: TESTER1
Telephone: 12345678 901-2345 Ext. 44444
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, KENT
Other Name(s) Used:
Gender: MALE
Date of Birth: 10/10/1970



Report Forwarding



Description of the Procedure Performed: PROCEDURE PERFORMED
Nature of Allegation: ANESTHESIA RELATED (010)
Specific Allegation: ADMINISTRATION OF BLOOD OR FLUIDS PROBLEM (300)
Date of Event Associated With Allegation or Incident: 01/01/2011
Outcome: EMOTIONAL INJURY ONLY (01)
Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: ALLEGATIONS

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/08/2012

Date of Most Recent Change: 02/08/2012

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Report Forwarding



The State Board Receives the Report



Report Forwarding



Notice of Action Sent To State Board - Windows Internet Explorer

From: NPDB-HIPDB
To: adminuser@state.board.org
Subject: Notice of Action Received

You have received an electronic report notice (DCN ending in ... 6314) from REPORTING ENTITY.

Data Bank reporters of Medical Malpractice Payments, Clinical Privilege Actions and Professional Society Membership Actions are required by federal law (42 USC §11134(b)(1)) to notify state boards of these report submissions. The Data Bank permits reporters to send electronic notifications of these actions to the appropriate state boards.

The reporter shown above has sent an electronic notification. Your board has agreed to receive these electronic notices.

You may log in to the [Integrated Querying and Reporting Service \(IQRS\)](https://www.npdb-hipdb.hrsa.gov) at <https://www.npdb-hipdb.hrsa.gov> to view this Notice of Action.

Please do not reply to this e-mail address. If you have questions or comments, please e-mail the [NPDB-HIPDB Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.



Report Forwarding

Options - Windows Internet Explorer

OPTIONS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Report Options

- Report
- Recent Submissions
- Historical Search
- Report Updates**
1 unviewed report update

Maintenance

- Administrator Options
- View Data Bank Correspondence
- Update User Account

Help ?

Subject Database Management

- Maintain Subject Database

Log Out



Report Forwarding



Report Updates - Windows Internet Explorer

REPORT UPDATES National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Click the Report DCN for detailed information about the report. Click the Subject name to view detailed enrollment information including all reports on this subject. Help ?

You may sort the reports by clicking on the column headers. To view specific groups of reports, select filter criteria and click **Filter Results**.

<u>Report DCN</u>	<u>Subject</u>	<u>Subject Source</u>	<u>Dept</u>	<u>Disclosure Reason</u>	<u>Action Type</u>	<u>Disclosure Date</u>	<u>Viewed Date</u>
7910000068706314	DOE, KENT	Notice Of Action		Notice Of Action	MMPR	02/08/2012	
7930000067460473	SMITH, MARY	Notice Of Action		Notice Of Action	MMPR	02/06/2012	02/07/2012
7930000067460411	SMITH, BOB	Notice Of Action		Notice Of Action	MMPR	02/02/2012	02/03/2012
7900000066196001	DOE, MARY	Report	MED	Initial Report	AAR	01/03/2012	01/04/2012
7900000066005093	JAMES, PATRICK	Report	MED	Initial Report	MMPR	01/01/2012	01/02/2012

View All Filter Results (ALL) (ALL) (ALL) (ALL)



Report Forwarding



Report Updates - Win

REPORT UPDA

Entity: VIRGINIA M

Click the Report DC enrollment informati

You may sort the rep click **Filter Results**.

Report DCN
7910000068706314
7930000067460473
7930000067460411
7900000066196001
7900000066005093

Notice Of Action - Windows Internet Explorer

NOTICE OF ACTION National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

This Notice of Action has been sent to you from an organization required by law to report to your state board. Before viewing this report, ensure that this subject is currently (or has been) licensed or certified by your state board.

Sent By: REPORTING ENTITY (FAIRFAX, VA)
Practitioner Name: DOE, KENT
License: VA 1234, VA
Healthcare Practitioner Type: Physician (MD)

I verify that my state board is (or has been) responsible for licensing or certifying this subject.
 I verify that my state board has never licensed nor certified this subject. This Notice of Action should be removed from my report update screen.

Continue

Close

View All **Filter Results** (ALL) (ALL) (ALL) (ALL)



Report Forwarding



Report Forwarding Discussion



Report Forwarding



Incident-Based Reports



Several Issues Exist



- The system does not easily show how reports are related to one another
- Confusion between corrections and revisions
- “Changing one, changes all”
- One incident can have several related reports, the number of reports might provide a false impression of a practitioner, even if one of those reports is full reinstatement



Emergency Suspension of License



Initial –
Emergency
Suspension



Suspension Changed to Probation



Initial-
Emergency
Suspension

Revision-
Probation



Notice of Appeal



Initial-
Emergency
Suspension

Revision-
Probation

Changed
'appeal date' fields



Disputed



Initial-
Emergency
Suspension

Revision-
Probation

Changed
'appeal date'
fields

** Dispute
statement added



Now Reinstated

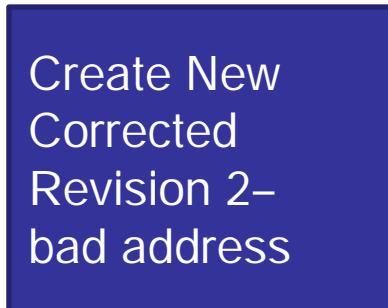
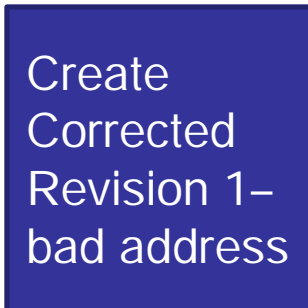
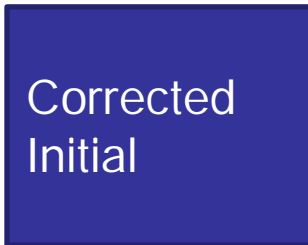
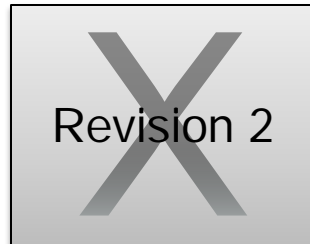
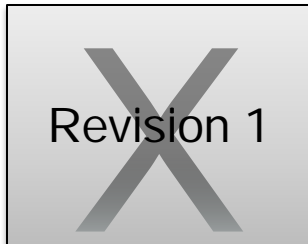
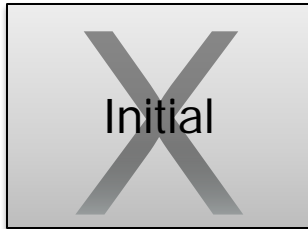


Initial-
Emergency
Suspension

Revision-
Probation

Revision-
Reinstate

Bad Address Found





Potential Error – Found a Bad Address



Initial– bad
address

Revision 1–
bad address

Revision 2

Corrected
Revision 2

Only corrected one report,
but others still have bad address



Incident-Based Report



- Still one report per action, but reports shown related to one another.
- Each revision is a new section within the same report.
- Less emphasis on the DCN.
- Shows up as fewer reports per subject.



Suspended License



Header

Entity Information

Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative



Report: Entity and Subject Information



the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 2000000000249945
Process Date: 07/26/2011
Page: 1 of 2
MCLIID, WALLACE JR.
For authorized use by:
TEST_ENTITY FOR STATE BOARD
USABILITY

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 2000000000249945

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; Section 1921 of the Social Security Act; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: test_ENTITY FOR STATE BOARD USABILITY
Address: 123 STREET
City, State, Zip: CITY, VA 22033
Country:
Name of Office: USABILITY TESTER
Title or Department: STATE BOARD REPORTER
Telephone: (703) 555-0987
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MCLIID, WALLACE JR.
Other Name(s) Used:
Gender: MALE
Date of Birth: 10/17/1948
Organization Name:



Report: Subject Information



Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MCLIID, WALLACE JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/17/1948

Organization Name:

Work Address: 1212 AUGUSTA WEST PARKWAY

City, State, ZIP: AUGUSTA, GA 30909

Organization Type:

Home Address:

City, State, ZIP:

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-0493

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: MEDICAL COLLEGE OF GEORGIA (1977)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: LN1000616, GA

Specialty: OPHTHALMOLOGY (55)

Drug Enforcement Administration (DEA) Numbers: DE1000394

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

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Report: Action Information



the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 2000000000249945
Process Date: 07/26/2011
Page: 2 of 2
MCLIID, WALLACE JR.
For authorized use by:
TEST ENTITY FOR STATE BOARD
USABILITY

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: DIVERTED CONVICTION (I1)
Name of Agency or Program That Took the Adverse Action Specified in This Report: STATE BOARD
Adverse Action Classification Code(s): REPRIMAND OR CENSURE (1140)
Date Action Was Taken: 03/27/2002
Date Action Became Effective: 03/28/2002
Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: This is a test.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of the Patient?: YES

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.



Report: Additional Action Information



D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/26/2011

Date of Most Recent Change: 07/26/2011

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Complicated Incident History



Header

Entity Information

Subject Information - * Change added

Summary of Related Reports

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2(Revocation) - Date

1. Illegal drug use
2. Failure to cooperate

Narrative/ Appeal fields updated/ Dispute

Action 3 (Reinstatement) - Date

1. Completed Terms

Narrative



Scenarios



Single Incident



Initial-
Suspended

ID Information

1. Initial-
Suspension



One Incident - Two Revisions



Initial-
Emergency
Suspension

Revision-
Probation

Revision-
Reinstate

ID Information

1. Initial-
Emergency
Suspension
2. Revision-
Probation
3. Revision-
Reinstated

Bad Address Found

~~Initial~~

~~Revision 1~~

~~Revision 2~~

Corrected
Initial

Create
Corrected
Revision 1– bad
address

Create New
Corrected
Revision 2– bad
address

ID Information
*Changed

1. Initial–
Suspension
2. Permanent
Revocation
3. Reinstated

Future Enhancements and Initiatives

Discussion

Extra Information



Suspended License



Header

Entity Information
Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative



Suspension Changed to Permanent Revocation



Initial–
Suspended

Revision–
Revocation

ID Information

1. Initial–
Suspension
2. Permanent
Revocation



Revised Revocation



Header

Entity Information

Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2 (Revocation) - Date

1. Illegal drug use

Narrative



Notice of Appeal



Initial–
Suspended

Revision–
Revocation

Changed
'appeal date' fields

ID Information

1. Initial–
Suspension
2. Permanent
Revocation

* Appeal Date



Appeal Added



Header

Entity Information

Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2(Revocation) - Date

1. Illegal drug use

Narrative

** Appeal fields updated



Disputed



Initial-
Suspended

Revision-
Revocation

Changed Appeal
date fields

** Dispute statement added

ID Information

1. Initial-
Suspension
 2. Permanent
Revocation
- *Appeal *Dispute



Subject's Dispute Added



Header

Entity Information

Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2(Revocation) - Date

1. Illegal drug use
2. Failure to cooperate

Narrative

Appeal fields updated

** Dispute narrative added



Now Reinstated



Initial-
Suspend

Revision-
Revocation

Revision-
Reinstate

ID Information

1. Initial-
Suspension
2. Permanent
Revocation
*Appeal *Dispute
3. Reinstated



Now Reinstated



Header

Entity Information

Subject Information

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2(Revocation) - Date

1. Illegal drug use
2. Failure to cooperate

Narrative/ Appeal fields updated/
Dispute

Action 3 (Reinstatement) - Date

1. Completed Terms

Narrative



Bad Address Corrected



Header

Entity Information

Subject Information - * Changed address

Action 1 (Suspension) - Date

1. Failure to cooperate
2. Improper prescriptions

Narrative

Action 2(Revocation) - Date

1. Illegal drug use
2. Failure to cooperate

Narrative/ Appeal fields updated/
Dispute

Action 3 (Reinstatement) - Date

1. Completed Terms

Narrative



Contact Information



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