

System Enhancements and Security

2012

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

User-Centered Design Process



- ▶ 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

Agenda

▶ System Enhancements

- Report Maintenance
- Related Query Response

▶ System Security

Report Maintenance

Enhancements include improving report quality. This includes:

- Duplicate reports submitted by an entity, where the type of report, subject, and action details are the same.
- Inaccurate reports may have incomplete narratives, missing data fields, etc.
- Missing revision - adverse actions with a specific length of action and no automatic reinstatement require a revision when the action is complete.
- Missing actions that the Data Bank is made aware of from outside sources.

Prevent Duplicate Reports

Scenario

A User Submits an Initial Report

Prevent Duplicate Reports

The screenshot shows a web browser window titled "Options - Windows Internet Explorer". The browser address bar shows "Entity: TEST ENTITY (FAIRFAX, VA) | User: user" and a "Sign Out" link. The page content includes the "the DataBank" logo with the tagline "NATIONAL PRACTITIONER HEALTHCARE INTEGRITY & PROTECTION".

The main content area is divided into three sections:

- Report Options:** Contains three buttons: "Report", "Reporting Activity", and "Historical Search". A red arrow points to the "Report" button.
- Maintenance:** Contains two buttons: "View Data Bank Correspondence" and "Update User Account".
- Subject Database Management:** Contains one button: "Maintain Subject Database".

A yellow "Help ?" button is located in the top right corner of the content area. At the bottom left, there is a "Contact Us" link with a circular icon.

Prevent Duplicate Reports

Report Type - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT TYPE

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

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](#)

Prevent Duplicate Reports

Report Type - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT TYPE

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](#)

Prevent Duplicate Reports

Identify the Subject - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

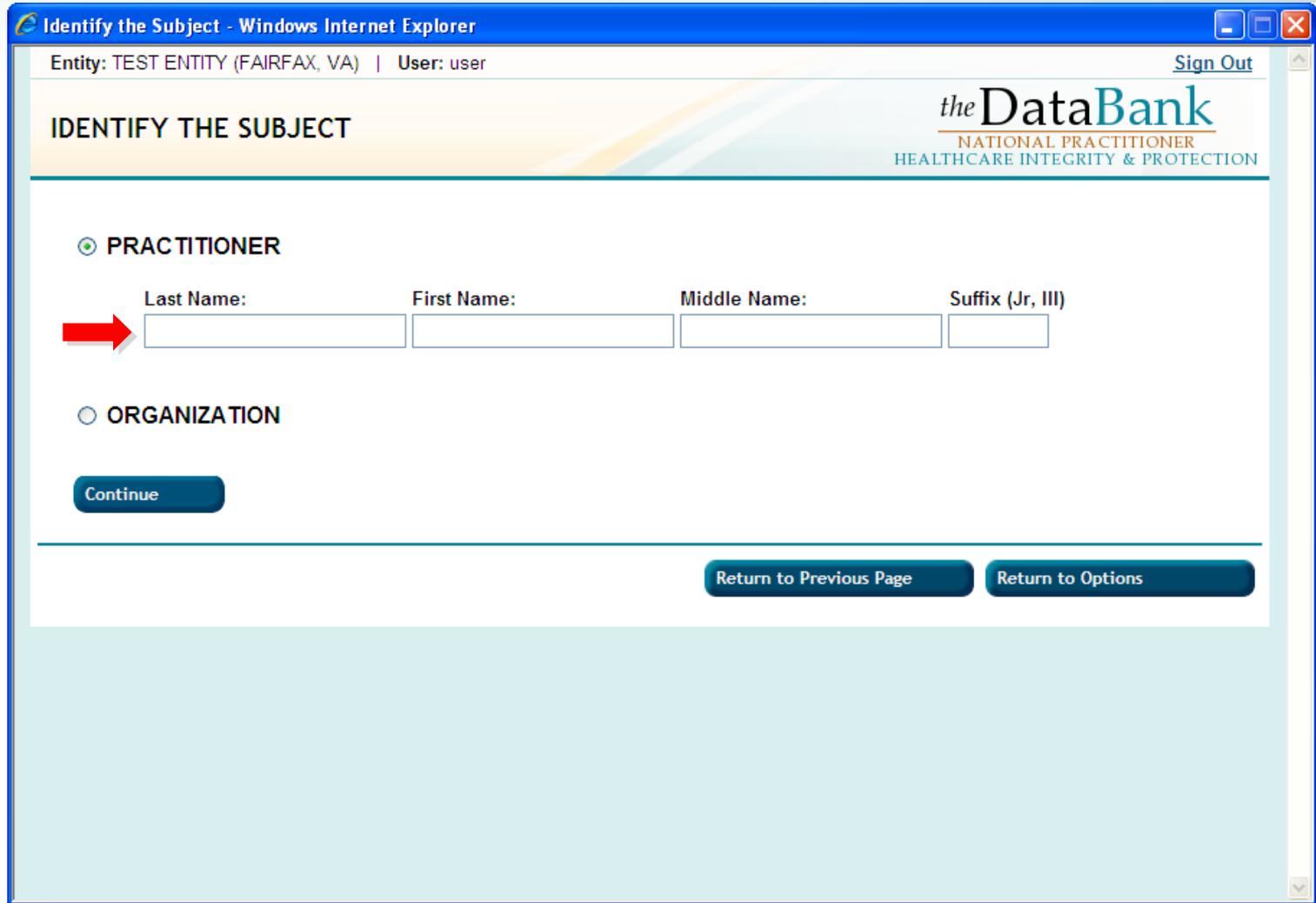
IDENTIFY THE SUBJECT

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

PRACTITIONER

Last Name: First Name: Middle Name: Suffix (Jr, III)

ORGANIZATION



Prevent Duplicate Reports

Only the last and first name will be used for the search. The rest of the name, if provided, will be used to pre-populate a blank report form

Identify the Subject - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

LAST

Last Name: First Name: Middle Name: Suffix (Jr, III)

ORGANIZATION



Prevent Duplicate Reports

Practitioner Selection - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

PRACTITIONER SELECTION



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Your organization has previously submitted reports on the following subjects based on the name you entered on the previous screen.

Name	Date of Birth	Identifier(s)	State-License #	Work Information
GRIIN, ROGER JAMES	10/17/1948	SSN: ***-**-3333	VA-00023145	GENERAL HOSPITAL CHANTILLY, VA
GRIIN, EMILY	08/07/1957	SSN: ***-**-4444	VA-00362511	SACRED HEART HOSPITAL LORTON, VA

[Use a Different Subject](#)

[Return to Previous Page](#)
[Return to Options](#)

Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer
_ □ ×

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

PRACTITIONER DETAIL



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Please review the report(s) below to determine if your organization has already submitted this report or you are modifying an existing report.

Name: GRIIN, ROGER JAMES

License: Physician (MD), 00023145 (VA)

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

STATE LICENSURE

- CONFLICT OF INTEREST

 Initial Action(s):	<ul style="list-style-type: none"> • REVOCATION OF LICENSE 	<p>Date of Action: 12/31/2011 Date Submitted: 03/05/2012</p>
<p>Report Type:</p>	<p>Correction Show Previous Version(s)</p>	<div style="background-color: #0056b3; color: white; padding: 2px 10px; border-radius: 5px; display: inline-block;">Modify</div>
<p>Report DCN:</p>	<p>7940000070370041</p>	
<p>Submitter:</p>	<p>PAUL HUGHES</p>	

Report Submission Options

- The report I planned to submit is already listed above.
- Submit a new report on the subject listed above.
- Submit a new report on a **different** subject.

13

Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer

Please review the report(s) below to determine if your organization has already submitted this report or you are modifying an existing report.

Name: GRIIN, ROGER JAMES
License: Physician (MD), 00023145 (VA)

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

STATE LICENSURE

- CONFLICT OF INTEREST

	Initial Action(s):	• REVOCATION OF LICENSE	
	Report Type:	Correction	Date of Action: 12/31/2011
		Show Previous Version(s)	Date Submitted: 03/05/2012
	Report DCN:	7940000070370041	Modify
	Submitter:	PAUL HUGHES	

Report Submission Options

- The report I planned to submit is already listed above.
-  Submit a new report on the subject listed above.
- Submit a new report on a **different** subject.

[Continue](#)

[Return to Previous Page](#) [Return to Options](#)

Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer

Please review the report(s) below to determine if your organization has already submitted this report or you are modifying an existing report.

Name: GRIIN, ROGER JAMES
License: Physician (MD), 00023145 (VA)

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

STATE LICENSURE

- CONFLICT OF INTEREST

	Initial Action(s):	• REVOCATION OF LICENSE
	Report Type:	Correction Show Previous Version(s)
	Report DCN:	7940000070370041
	Submitter:	PAUL HUGHES
		Date of Action: 12/31/2011 Date Submitted: 03/05/2012
		Modify

Report Submission Options

- The report I planned to submit is already listed above.
- Submit a new report on the subject listed above.
- Submit a new report on a **different** subject.

 [Continue](#)

[Return to Previous Page](#) [Return to Options](#)

Prevent Duplicate Reports

Select Action - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: adminuser [Sign Out](#)

SELECT ACTION

State Licensure (Includes Nurse Multi-State Licensure Privilege Actions.) [Help ?](#)

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.)

[Show additional report types](#)

[Return to Options](#)

Prevent Duplicate Reports

The subject information is prepopulated from the latest report

Form - Windows Internet Explorer

ENTITY (FAIRFAX, VA) | User: adminuser Sign Out

REPORT INPUT FORM



the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Subject Info

Addresses

SSN

ITIN

FEIN

NPI

DEA Number

UPIN

Prof Schools

Occupation/Lic

Affiliation

Basis for Action

Adverse Action

Certification

Validate/Submit

We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

Personal Information

Practitioner Name

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

[Add another name used](#)

Gender

Male Female Unknown

Birth Date (MMDDYYYY)

Is Subject Deceased?

No Unknown Yes

Prevent Duplicate Reports

Report Input Form - Windows Internet Explorer
_ □ ×

Entity: TEST ENTITY (FAIRFAX, VA) | User: adminuser
[Sign Out](#)

REPORT INPUT FORM



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

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

returned without modification and only appears on the response returned to your organization.

Customer Use:

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:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date:

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 ?

Submit to Data Bank
Validate Without Submitting
Store as a Draft

Return to Options



Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)



the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

PRACTITIONER DETAIL

This report may be a duplicate of an existing report. Please confirm this action has not already been reported by your entity.

Name: GRIIN, ROGER JAMES
License: Physician (MD), 00023145 (VA)

Report you are about to submit:

STATE LICENSURE
 • CONFLICT OF INTEREST

* Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
Narrative Description:	Dr. Griin was a part owner of a privately held laboratory and testing facility. Dr. Griin routinely referred patients to this facility without disclosing his relationship to this facility.	
Report Type:	Initial	

The report(s) highlighted below may be duplicate(s) of the report you are about to submit.

STATE LICENSURE
 • CONFLICT OF INTEREST

*  Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
Report Type:	Correction	
		Date Submitted: 03/05/2012

Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer

Name: GRIIN, ROGER JAMES
License: Physician (MD), 00023145 (VA)

Report to submit:

STATE LICENSURE
 • CONFLICT OF INTEREST

	Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
	Narrative Description:	Dr. Griin was a part owner of a privately held laboratory and testing facility. Dr. Griin routinely referred patients to this facility without disclosing his relationship to this facility.	
	Report Type:	Initial	

The report(s) highlighted below may be duplicate(s) of the report you are about to submit.

STATE LICENSURE
 • CONFLICT OF INTEREST

	 Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
	Report Type:	Correction	Date Submitted: 03/05/2012
	Report DCN:	Show Previous Version(s) 7940000070370041	
	Submitter:	PAUL HUGHES	

What do you want to do?

- This report is a duplicate - Cancel this submission.
- This report is not a duplicate - Submit to Data Bank.
- Research is needed - Store this report as a draft.

All reports of the same type are shown. The reports that may be duplicates are highlighted and marked with an asterisk

Prevent Duplicate Reports

Practitioner Detail - Windows Internet Explorer

- CONFLICT OF INTEREST

	Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
	Narrative Description:	Dr. Griin was a part owner of a privately held laboratory and testing facility. Dr. Griin routinely referred patients to this facility without disclosing his relationship to this facility.	
	Report Type:	Initial	

The report(s) highlighted below may be duplicate(s) of the report you are about to submit.

STATE LICENSURE

- CONFLICT OF INTEREST

	 Initial Action(s):	• REVOCATION OF LICENSE	Date of Action: 12/31/2011
	Report Type:	Correction	Date Submitted: 03/05/2012
	Report DCN:	Show Previous Version(s) 7940000070370041	
	Submitter:	PAUL HUGHES	

What do you want to do?

- This report is a duplicate - Cancel this submission.
- This report is not a duplicate - Submit to Data Bank.
- Research is needed - Store this report as a draft.

Continue

Return to Previous Page **Return to Options**

Duplicate Reports – Currently in the System

Scenario

A User Resolves an Existing Pair of Duplicate Reports

Improving Report Quality – Report Maintenance

Reporting Service - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORTING SERVICE

Report Options

[Report](#)

[Report Maintenance](#) ←

- 1 Potential Missing Report
- 4 Potential Duplicate Reports
- 2 Potential Revisions
- 1 Report Correction

[Reporting Activity](#)

[Historical Search](#)

[Return to Options](#)

[Help ?](#)

The Report Maintenance button will only be displayed if the entity has ever had reports flagged for maintenance

Whenever an issue is added to the Maintenance screen we will send an email notification

We will also include statistics about report maintenance in the Monthly Summary email

Duplicate Reports – Currently in the System

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

The following reports may need to be updated. Click a name to view details about each issue.
[Report Maintenance Tutorial](#) [Download](#)

Show: Unresolved | [All](#)

Date Notified	Name	Description
10/26/2012	BLANK, SAM	Potential Duplicate Report

[Return to Options](#)

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE RESOLUTION OPTIONS



the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Duplicate Report [Help ?](#)

Issue Description: Your organization filed a report that appears to be the same as report(s) already filed by your organization. The potential duplicate reports are highlighted below. Review the reports and take the appropriate action.

Subject: BLANK, SAM

License (State): Physician (MD), J3426P4322 (VA)

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

STATE LICENSURE	
• INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES	
 Initial Action(s):	<ul style="list-style-type: none"> • PROBATION OF LICENSE <p>Date of Action: 01/01/2012 Date Submitted: 03/20/2012</p> <p>Report Type: Initial Modify</p> <p>Report DCN: 7930000071575549</p> <p>Submitter: PAUL HUGHES</p>
 Subsequent Action(s):	<ul style="list-style-type: none"> • PROBATION OF LICENSE • SUSPENSION OF LICENSE <p>Date of Action: 01/01/2012 Date Submitted: 03/21/2012</p> <p>Report Type: Correction to Revision Modify</p> <p>Report DCN: Show Previous Version(s) 7930000072550951</p>

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer

STATE LICENSURE
 • INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

*	Initial Action(s) :	• PROBATION OF LICENSE	Date of Action: 01/01/2012 Date Submitted: 03/20/2012
	Report Type:	Initial	Modify
	Report DCN:	7930000071575549	
	Submitter:	PAUL HUGHES	

	Subsequent Action(s) :	• PROBATION OF LICENSE • SUSPENSION OF LICENSE	Date of Action: 01/01/2012 Date Submitted: 03/21/2012
	Report Type:	Correction to Revision Show Previous Version(s)	Modify
	Report DCN:	7930000072550951	
	Submitter:	PAUL HUGHES	

	Subsequent Action(s) :	• PROBATION OF LICENSE	Date of Action: 02/01/2012 Date Submitted: 03/22/2012
	Report Type:	Revision	Modify
	Report DCN:	7930000072550952	
	Submitter:	PAUL HUGHES	

STATE LICENSURE
 • INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

*	Initial Action(s) :	• PROBATION OF LICENSE	Date of Action: 01/01/2012 Date Submitted: 03/20/2012
	Report Type:	Initial	Modify
	Report DCN:	7930000071575550	
	Submitter:	PAUL HUGHES	

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer

[Show Previous Versions!](#)

Report DCN: 7930000072550951
 Submitter: PAUL HUGHES

 **Subsequent Action(s):** • PROBATION OF LICENSE
 Date of Action: 02/01/2012
 Date Submitted: 03/22/2012

Report Type: Revision **Modify**

Report DCN: 7930000072550952
 Submitter: PAUL HUGHES

STATE LICENSURE
 • INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

  **Initial Action(s):** • PROBATION OF LICENSE
 Date of Action: 01/01/2012
 Date Submitted: 03/20/2012

Report Type: Initial  **Modify**

Report DCN: 7930000071575550
 Submitter: PAUL HUGHES

What do you want to do?

Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

- Keep this issue open - I will resolve it later.
- Close this issue - I have verified these are not duplicate reports.

Continue

Return to Maintenance **Return to Options**

Duplicate Reports – Currently in the System

Modify Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: maintest [Sign Out](#)

MODIFY REPORT

Verify Report Information:

Name: SAM, BLANK
Date Submitted: 03/20/2012
Disclosure Notice [Show](#)

[Save Report to Your Computer](#)

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

DCN: 7930000071575550 Process Date: 03/20/2012 Page: 1 of 2 BLANK, SAM For authorized use by: TEST ENTITY
--

ADVERSE ACTION REPORT
 STATE LICENSURE ACTION
 Report Number: 7930000071575550
 This report is maintained under the provisions of:



Duplicate Reports – Currently in the System

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

DCN: 7930000071575550
Process Date: 03/20/2012
Page: 1 of 2
BLANK, SAM
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT

STATE LICENSURE ACTION
Report Number: 7930000071575550
This report is maintained under the provisions of:

What is the reason for the modification:

- The report requires correction because it contained errors, (incorrect date of birth, address, etc.) or is missing information (such as incomplete narrative description(s)). Corrections can only be made to one report at a time. You must correct related reports separately.
- 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 Previous Page

Return to Maintenance

Return to Options

Duplicate Reports – Currently in the System

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

DCN: 7930000071575550
Process Date: 03/20/2012
Page: 1 of 2
BLANK, SAM
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT

STATE LICENSURE ACTION
Report Number: 7930000071575550
This report is maintained under the provisions of:

What is the reason for the modification:

- The report requires correction because it contained errors, (incorrect date of birth, address, etc.) or is missing information (such as incomplete narrative description(s)). Corrections can only be made to one report at a time. You must correct related reports separately.
- 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.

Duplicate Reports – Currently in the System

Void Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

VOID REPORT

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Please provide the following information to void the action reported in DCN 7930000071575550 about subject BLANK, SAM. A printable copy of your report submission will be provided after submission.

Notice: The unauthorized or unjustified removal of a report from the Data Bank(s) is punishable under Federal Statute.

What is the void reason?

- The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).
- The report was not required to be filed; the action does not meet the legal reporting criteria.
- The action was reversed because the original action should never have been taken (e.g., overturned on appeal).

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.

Customer Use:

Duplicate Reports – Currently in the System

Void Report - Windows Internet Explorer
_ □ ×

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

VOID REPORT



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Please provide the following information to void the action reported in DCN 7930000071575550 about subject BLANK, SAM. A printable copy of your report submission will be provided after submission.

Notice: The unauthorized or unjustified removal of a report from the Data Bank(s) is punishable under Federal Statute.

What is the void reason?

- The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).
- The report was not required to be filed; the action does not meet the legal reporting criteria.
- The action was reversed because the original action should never have been taken (e.g., overturned on appeal).

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.

Customer Use:

Duplicate Reports – Currently in the System

Void Report - Windows Internet Explorer

the action was reversed because the original action should never have been taken (e.g., overturned on appeal).

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.

Customer Use:

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:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext:

Date:

[Submit to Data Bank](#) 

[Return to Maintenance](#) [Return to Options](#)

Duplicate Reports – Currently in the System

Void Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

VOID REPORT

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Void Report Confirmation: [Save Report to Your Computer](#)

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

DCN: 7930000071575552
Process Date: 03/20/2012
Page: 1 of 1
BLANK, SAM
For authorized use by:
TEST ENTITY

VOID REPORT CONFIRMATION

Report #7930000071575550 (on BLANK, SAM) has been voided for the following reason:

The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).

Please destroy report #7930000071575550 and any copies of it. It is no longer available from the Data Bank(s) and

[Continue](#)

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer
_ □ ×

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE RESOLUTION OPTIONS

NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Duplicate Report Help ?

Issue Description: Your organization filed a report that appears to be the same as report(s) already filed by your organization. The potential duplicate reports are highlighted below. Review the reports and take the appropriate action.

Subject: BLANK, SAM

License (State): Physician (MD), J3426P4322 (VA)

Maintenance Activity

- 10/26/2012 – Report DCNs 7930000071575549, 7930000071575550 were identified as potential duplicate reports.
- 11/12/2012 – The Report with DCN: 7930000071575550 was voided.

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

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

* PDF	Initial Action(s): • PROBATION OF LICENSE	Date of Action: 01/01/2012
		Date Submitted: 03/20/2012
	Report Type: Initial	Modify
	Report DCN: 7930000071575549	
	Submitter: PAUL HUGHES	
* PDF	Subsequent Action(s): • PROBATION OF LICENSE	Date of Action: 01/01/2012

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer

Subsequent Action(s):	• PROBATION OF LICENSE	Date of Action: 02/01/2012
		Date Submitted: 03/22/2012
Report Type:	Revision	Modify
Report DCN:	7930000072550952	
Submitter:	PAUL HUGHES	

Voided Reports
[Hide Voided Report](#)

Once a report has been voided, its content is no longer available. However, the reason for the void is shown to the reporting organization.

*** Voided Report** Date Submitted: 11/12/2012

Void Reason: The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).

DCN: 7930000071575552

Previous DCN: 7930000071575550

What do you want to do?

Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

Keep this issue open - I will resolve it later.

Close this issue - I have completely resolved it.

Continue

Return to Maintenance **Return to Options**

Duplicate Reports – Currently in the System

Report Maintenance Resolution Options - Windows Internet Explorer

 **Subsequent Action(s):** • PROBATION OF LICENSE Date of Action: 02/01/2012
Date Submitted: 03/22/2012

Report Type: Revision **Modify**

Report DCN: 7930000072550952

Submitter: PAUL HUGHES

Voided Reports
[Hide Voided Report](#)

Once a report has been voided, its content is no longer available. However, the reason for the void is shown to the reporting organization.

*** Voided Report** Date Submitted: 11/12/2012

Void Reason: The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).

DCN: 7930000071575552

Previous DCN: 7930000071575550

What do you want to do?

Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

- Keep this issue open - I will resolve it later.
- Close this issue - I have completely resolved it.

Continue

Return to Maintenance **Return to Options**

The user is responsible for closing the issue. We don't know if the void completely resolved the case, or if there are additional steps needed. For example, in some cases the other flagged report may require a correction

Inaccurate Reports

Scenario

Data Integrity Team Notices a Problem with the Narrative Description

Inaccurate Reports

Reporting Service - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORTING SERVICE

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Report Options [Help ?](#)

- Report
- Report Maintenance** ← **1 Correction Required**
- Reporting Activity
- Historical Search

[Return to Options](#)

Inaccurate Reports

Report Maintenance - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE



the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

The following reports may need to be updated. Click a name to view details about each issue.
[Report Maintenance Tutorial](#) [Download](#)

Show: Unresolved | [All](#)

Date Notified	Name	Description
10/18/2012	DOE, LINDA 	Correction Required

[Return to Options](#)

Inaccurate Reports

The issue description can be changed to describe any problems present in the report

Resolution Options - Windows Internet Explorer
_ □ ×

FAIRFAX, VA) | User: user
Sign Out



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

MAINTENANCE RESOLUTION OPTIONS

Issue Type: **Correction Required** Help ?

Issue Description: The Data Bank has identified a report with insufficient narrative description of subject's act(s) or omission(s) or other reasons for action(s) taken and description of action(s) taken by the reporting entity.

Subject: DOE, LINDA

License (State): Physician (MD), J3426P4322 (VA)

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

✱

Initial Action(s):

- PROBATION OF LICENSE

Date of Action: 01/01/2010

Date Submitted: 01/15/2010

Report Type: Initial Modify

Report DCN: 7930000071575505

Submitter: PAUL HUGHES

What do you want to do?

Use the above **Modify** button to correct, revise, or void a report. Otherwise, select an option from the list below.

Keep this issue open - I will resolve it later.

Continue

41

Inaccurate Reports

Report Maintenance Resolution Options - Windows Internet Explorer

NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Correction Required

Issue Description: The Data Bank has identified a report with insufficient narrative description of act(s) or omission(s) or other reasons for action(s) taken and description of reporting entity.

Subject: DOE, LINDA

License (State): Physician (MD), J3426P4322 (VA)

For some issues, a modification may be mandatory. For other cases, the reporter may be given the option to declare that the existing report is accurate and no correction is required

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

*	PDF	Initial Action(s): • PROBATION OF LICENSE	Date of Action: 01/01/2010 Date Submitted: 01/15/2010
		Report Type: Initial	 <input type="button" value="Modify"/>
		Report DCN: 7930000071575505	
		Submitter: PAUL HUGHES	

What do you want to do?

Use the above **Modify** button to correct, revise, or void a report. Otherwise, select an option from the list below.

Keep this issue open - I will resolve it later.

Inaccurate Reports

Modify Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: maintest [Sign Out](#)

MODIFY REPORT

Verify Report Information:

Name: DOE, LINDA
Date Submitted: 03/14/2012
Disclosure Notice [Show](#)

[Save Report to Your Computer](#)

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

DCN: 7930000071575505 Process Date: 03/13/2012 Page: 1 of 2 DOE, LINDA For authorized use by: TEST ENTITY
--

ADVERSE ACTION REPORT

STATE LICENSURE ACTION
Report Number: 7930000071575505
This report is maintained under the provisions of:

Inaccurate Reports

Modify Report - Windows Internet Explorer

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

DCN: 7930000071575505
Process Date: 03/13/2012
Page: 1 of 2
DOE, LINDA
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 7930000071575505
This report is maintained under the provisions of:

What is the reason for the modification:

- The report requires correction because it contained errors, (incorrect date of birth, address, etc.) or is missing information (such as incomplete narrative description(s)). Corrections can only be made to one report at a time. You must correct related reports separately.
- 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 Previous Page Return to Maintenance Return to Options

Inaccurate Reports

Modify Report - Windows Internet Explorer

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

DCN: 7930000071575505
Process Date: 03/13/2012
Page: 1 of 2
DOE, LINDA
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 7930000071575505
This report is maintained under the provisions of:

What is the reason for the modification:

- The report requires correction because it contained errors, (incorrect date of birth, address, etc.) or is missing information (such as incomplete narrative description(s)). Corrections can only be made to one report at a time. You must correct related reports separately.
- 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 Previous Page](#) [Return to Maintenance](#) [Return to Options](#)

Missing Revisions

Background

- When reporters submit an adverse action report with a specific length of action, they may indicate if reinstatement is automatic at the end of the adverse action period...

Missing Revisions

Report Input Form - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT INPUT FORM

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

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

Date Action Became Effective: (MMDDYYYY)

Length of Action:

- Permanent
- Indefinite/Unspecified
- Specific Period

Years:

Months:

Days:

Is Reinstatement Automatic at Completion of Adverse Action Period?

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

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

(Format NNNNNN.NN) **Note:** If no amount, leave this field blank

Missing Revisions

Scenario

Potential Revision Report Not Received

Missing Revisions

Report Maintenance - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

The following reports may need to be updated. Click a name to view details about each issue.
[Report Maintenance Tutorial](#) [Download](#)

Show: Unresolved | [All](#)

Date Notified	Name	Description
10/27/2012	GRIIN, RODGER ←	Potential Revision

[Return to Options](#)

Missing Revisions

Report Maintenance Resolution Options - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE RESOLUTION OPTIONS



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Revision Help ?

Issue Description: Your organization reported an action on GRIIN, RODGER. The date of action was 01/12/2012 and was to remain in effect for 9 months. If you have reinstated this practitioner, extended the length of action, or taken a subsequent action relating to this initial report, you are required to submit those updates to the Data Bank.

Subject: GRIIN, RODGER

License (State): Physician (MD), J3426P4322 (VA)

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

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

*	 Initial Action(s) :	• PROBATION OF LICENSE	Date of Action: 01/12/2012
	Report Type:	Initial	Date Submitted: 03/19/2012
	Report DCN:	7930000071575547	Modify
	Submitter:	PAUL HUGHES	

What do you want to do?

Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

Reminders about revision after the following date (MM/DD/YYYY):

Missing Revisions

Report Maintenance Resolution Options - Windows Internet Explorer

updates to the Data Bank.

Subject: GRIIN, RODGER
License (State): Physician (MD), J3426P4322 (VA)

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

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

*	PDF	Initial Action(s):	• PROBATION OF LICENSE	Date of Action: 01/12/2012
		Report Type:	Initial	Date Submitted: 03/19/2012
		Report DCN:	7930000071575547	Modify
		Submitter:	PAUL HUGHES	

What do you want to do?

Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

- Remind me about a revision after the following date (MMDDYYYY):
- Keep this issue open - I will resolve it later.
- Close this issue - I have completely resolved it.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Revisions

Modify Report - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: maintest [Sign Out](#)

MODIFY REPORT

Verify Report Information:

Name: GRIIN, RODGER
Date Submitted: 03/19/2012
Disclosure Notice [Show](#)

[Save Report to Your Computer](#)

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

DCN: 7930000071575547
Process Date: 03/19/2012
Page: 1 of 2
GRIIN, RODGER JAMES
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 7930000071575547
This report is maintained under the provisions of:

Missing Revisions

Modify Report - Windows Internet Explorer

the DataBank
P.O. Box 10832
Chantilly, VA 20153-0832
http://www.npdb-hipdb.hrsa.gov

DCN: 7930000071575547
Process Date: 03/19/2012
Page: 1 of 2
GRIIN, RODGER JAMES
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 7930000071575547
This report is maintained under the provisions of:

What is the reason for the modification:

- The report requires correction because it contained errors, (incorrect date of birth, address, etc.) or is missing information (such as incomplete narrative description(s)). Corrections can only be made to one report at a time. You must correct related reports separately.
- 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 Previous Page Return to Maintenance Return to Options

Missing Revisions

Reporter submits the revision...

Missing Revisions

Report Submission Complete - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT SUBMISSION COMPLETE



the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

This information you entered has been submitted to the Data Bank. The report can be accessed in the future by clicking **Reporting Activity** on the *Options* screen.

DCN: 7930000071575548
Practitioner Name: GRIIN, RODGER

Important Messages

- Thank you for filing this report within the timeframe required by Federal Law as implemented by 45 CFR Part 60 and 45 CFR Part 61.

Disclosure Notice [Show](#)

[Save Report to Your Computer](#)

the DataBank

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

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

DCN: 7930000071575548
Process Date: 03/19/2012
Page: 1 of 2
GRIIN, RODGER JAMES
For authorized use by:
TEST ENTITY

Missing Revisions

Report Submission Complete - Windows Internet Explorer

DCN: 7930000071575548
Practitioner Name: GRIIN, RODGER

Important Messages

- Thank you for filing this report within the timeframe required by Federal Law as implemented by 45 CFR Part 60 and 45 CFR Part 61.

Disclosure Notice [Show](#)

[Save Report to Your Computer](#)

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

DCN: 7930000071575548
Process Date: 03/19/2012
Page: 1 of 2
GRIIN, RODGER JAMES
For authorized use by:
TEST ENTITY

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 7930000071575548
This report is maintained under the provisions of:

[Continue](#)

Missing Revisions

Report Maintenance Resolution Options - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE RESOLUTION OPTIONS



NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Revision [Help ?](#)

Issue Description: Your organization reported an action on GRIIN, RODGER. The date of action was 01/12/2012 and was to remain in effect for 9 months. If you have reinstated this practitioner, extended the length of action, or taken a subsequent action relating to this initial report; you are required to submit those updates to the Data Bank.

Subject: GRIIN, RODGER

License (State): Physician (MD), J3426P4322 (VA)

Maintenance Activity

- 10/27/2012 – Report DCN 7930000071575547 was identified as needing a revision.
- 11/16/2012 – The Report with DCN: 7930000071575548 was submitted.

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

STATE LICENSURE

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

	Initial Action(s): • PROBATION OF LICENSE	Date of Action: 01/01/2010
		Date Submitted: 03/14/2012
	Report Type: Initial	Modify
	Report DCN: 7930000071575547	
	Submitter: PAUL HUGHES	

Missing Revisions

Report Maintenance Resolution Options - Windows Internet Explorer

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

STATE LICENSURE			
• INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES			
*  Initial Action(s):	• PROBATION OF LICENSE	Date of Action:	01/01/2010
		Date Submitted:	03/14/2012
	Report Type:	Initial	Modify
	Report DCN:	7930000071575547	
	Submitter:	PAUL HUGHES	
*  Subsequent Action(s):	• PROBATION OF LICENSE	Date of Action:	10/20/2012
		Date Submitted:	11/16/2012
	Report Type:	Revision	Modify
	Report DCN:	7930000071575548	
	Submitter:	PAUL HUGHES	

What do you want to do?
Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

- Remind me about a revision after the following date:
- Keep this issue open - I will resolve it later.
- Close this issue - I have completely resolved it.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Revisions

Report Maintenance Resolution Options - Windows Internet Explorer

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

STATE LICENSURE			
• INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES			
*  Initial Action(s):	• PROBATION OF LICENSE	Date of Action:	01/01/2010
		Date Submitted:	03/14/2012
	Report Type:	Initial	Modify
	Report DCN:	7930000071575547	
	Submitter:	PAUL HUGHES	
*  Subsequent Action(s):	• PROBATION OF LICENSE	Date of Action:	10/20/2012
		Date Submitted:	11/16/2012
	Report Type:	Revision	Modify
	Report DCN:	7930000071575548	
	Submitter:	PAUL HUGHES	

What do you want to do?
 Use the above **Modify** button(s) to correct, revise, or void a report. Otherwise, select an option from the list below.

- Remind me about a revision after the following date:
- Keep this issue open - I will resolve it later.
- Close this issue - I have completely resolved it.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Actions

Scenario

A Querier Notices a Missing Report

Missing Actions

Report Maintenance - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE

the DataBank
NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

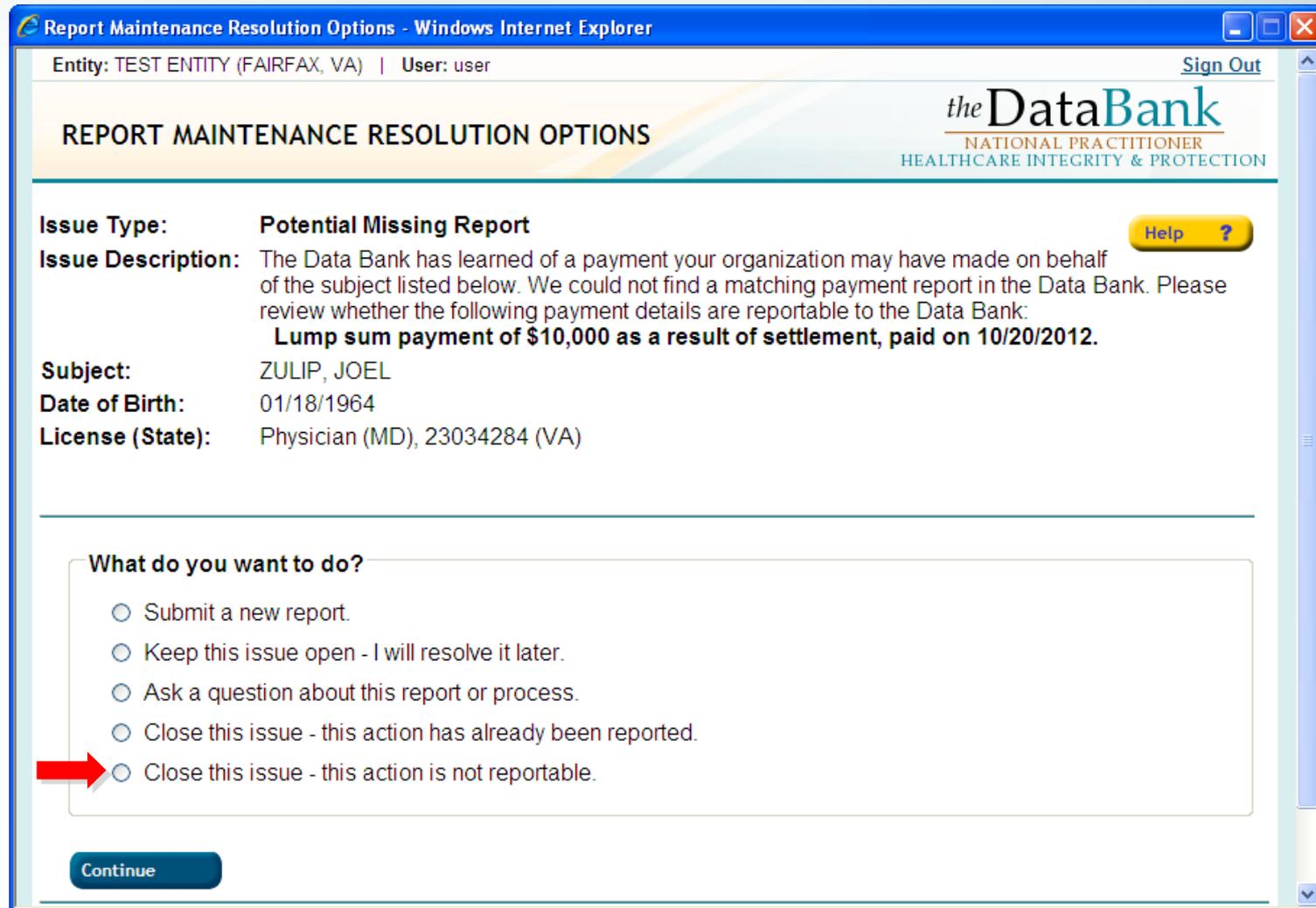
The following reports may need to be updated. Click a name to view details about each issue.
[Report Maintenance Tutorial](#) [Download](#)

Show: Unresolved | [All](#)

Date Notified	Name	Description
10/31/2012	ZULIP, JOEL 	Potential Missing Report - Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

[Return to Options](#)

Missing Actions



Report Maintenance Resolution Options - Windows Internet Explorer

Entity: TEST ENTITY (FAIRFAX, VA) | User: user [Sign Out](#)

REPORT MAINTENANCE RESOLUTION OPTIONS

Issue Type: Potential Missing Report [Help ?](#)

Issue Description: The Data Bank has learned of a payment your organization may have made on behalf of the subject listed below. We could not find a matching payment report in the Data Bank. Please review whether the following payment details are reportable to the Data Bank:
Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

Subject: ZULIP, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
- Ask a question about this report or process.
- Close this issue - this action has already been reported.
- Close this issue - this action is not reportable.

[Continue](#)

Missing Actions

Report Maintenance Resolution Options - Windows Internet Explorer

Subject: Z001, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
- Ask a question about this report or process.
- Close this issue - this action has already been reported.
- Close this issue - this action is not reportable.

Please describe why this action is not reportable:

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Actions

Report Maintenance Resolution Options - Windows Internet Explorer

Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

Subject: ZULIP, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
-  Ask a question about this report or process.
- Close this issue - this action has already been reported.

Enter the DCN of the report:

Additional comments:

Close this issue - this action is not reportable.

Either the DCN or Additional Comments must be provided.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Actions

Report Maintenance Resolution Options - Windows Internet Explorer

Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

Subject: ZULIP, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
- Ask a question about this report or process.
- Close this issue - this action has already been reported.
- Close this issue - this action is not reportable.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Actions

Report Maintenance Resolution Options - Windows Internet Explorer

REPORT MAINTENANCE RESOLUTION OPTIONS

NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Missing Report Help ?

Issue Description: The Data Bank has learned of a payment your organization may have made on behalf of the subject listed below. We could not find a matching payment report in the Data Bank. Please review whether the following payment details are reportable to the Data Bank:
Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

Subject: ZULIP, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
- Ask a question about this report or process.
- Close this issue - this action has already been reported.
- Close this issue - this action is not reportable.

[Continue](#)

[Return to Maintenance](#) [Return to Options](#)

Missing Actions

Report Maintenance Resolution Options - Windows Internet Explorer

REPORT MAINTENANCE RESOLUTION OPTIONS

NATIONAL PRACTITIONER
HEALTHCARE INTEGRITY & PROTECTION

Issue Type: Potential Missing Report Help ?

Issue Description: The Data Bank has learned of a payment your organization may have made on behalf of the subject listed below. We could not find a matching payment report in the Data Bank. Please review whether the following payment details are reportable to the Data Bank:
Lump sum payment of \$10,000 as a result of settlement, paid on 10/20/2012.

Subject: ZULIP, JOEL
Date of Birth: 01/18/1964
License (State): Physician (MD), 23034284 (VA)

What do you want to do?

- Submit a new report.
- Keep this issue open - I will resolve it later.
- Ask a question about this report or process.
- Close this issue - this action has already been reported.
- Close this issue - this action is not reportable.

Continue

Return to Maintenance **Return to Options**

Agenda

▶ System Enhancements

- Report Maintenance
- Related Query Response

▶ System Security

Related Query Response

- ▶ The query response cover page will be enhanced to group reports that are part of the same action together, enabling the querier to tell at a glance how the reports are related
- ▶ This grouping is a better indicator of practitioner activity than a collection of reports, since simply counting the number of reports does not account for the fact that a report may be a revision of another report
- ▶ This enhancement will be applied to Continuous Query, One-time Query, and Self-Query responses
- ▶ Release date: November 05, 2012

Related Query Response

- In this example, there are 2 license suspensions and one license reinstatement

Cover Page

License Suspension

License Suspension

License Reinstatement

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 http://www.vspdb-licdb.com

Entity Subject ID: 14010178
 DON: 71010000178000
 Issue Date: 09/09/2011 Page 1 of 1
 PRINT, LOGIN
 For authorized use by
 INTERNAL, INTERNAL

CONFIRMATION OF ENROLLMENT AS OF 09/09/2011
 Subject is currently enrolled for continuous querying under the provisions of:
 This IV (NPOB) Section 1021 (NPOB) Section 11026 (NPOB)

A. REPORTS ON FILE WITH THE DATA BANK AS OF 09/09/2011
 Based on the subject identification information provided, the following reports were found:

Individual Provider Report(s):	No Reports	Health Plan Address:	No Reports
Other Licensee Report(s):	No Reports	Professional Record Report(s):	No Reports
Individual or General Address:	No Reports	Out-of-State License Address:	No Reports
Individual or General Address:	No Reports	Registration or Qualification Address:	No Reports
Other Licensee Address:	No Reports	Other Licensee Qualification Address:	No Reports

B. SUBJECT IDENTIFICATION INFORMATION (Reports available that subject identified in this file are identified in detail.)

Subject Name: 00010178
 Entity Subject Identification Number: 14010178
 Gender: FEMALE
 Date of Birth: 01/12/1960
 Other Name(s) Used: JACQUELYNNE
 Organization Name: JACQUELYNNE
 Organization Type: 00
 P.O. Box 20: 20100
 City Address: CHESLEY, VA 20153
 State: VA
 Social Security Number (SSN): *****-**-0000
 Individual Provider Identification Number (IPIN): 0000-0000-0000
 Identification of Licensee Code: 00000-00000-0000
 Registration Number: 0000-0000-0000
 Drug Information Administration (DIA) Number: 0000-0000-0000
 Federal Employer Identification Number (FEIN): 0000-0000-0000
 Other Licensee Identification Number (OLIN): 0000-0000-0000

C. ENROLLMENT INFORMATION
 NPOB Enrollment Date: 09/09/2011 - 09/09/2011
 NPOB Enrollment Status: Renewal
 NPOB Enrollment Code: 00/00/0001 - 00/00/0001
 License expiration is based on the entity subject ID: 09/09/2011

D. ENTRY INFORMATION
 Entry Date: 09/09/2011
 Authorized Agent: JACQUELYNNE
 Authorized Signature Name: JACQUELYNNE
 Authorized Signature Title: NURSE
 Authorized Signature Employee: 00000000-00000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 http://www.vspdb-licdb.com

DON: 71010000178000
 P.O. Box 1800
 Chesley, VA 20153-0000
 Page 1 of 1
 PRINT, LOGIN
 For authorized use by
 INTERNAL, INTERNAL

ADVERSE ACTION REPORT
 STATE LICENSE ACTION
 Report Number: 00122304666070

This report is maintained under the provisions of:
 This IV (NPOB) Section 1021 (NPOB) Section 11026 (NPOB)

The information contained in this report is restricted to the individual licensee data that is needed for use under the provisions of Section 1021 of the State Security Act, and of 12CFR 102.10. The information is restricted to the individual provider and transaction data that is needed for use under the provisions of Section 11026 of the State Security Act, and of 12CFR 102.10. 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 matter of private law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTS ON FILE WITH THE DATA BANK AS OF 09/09/2011
 Based on the subject identification information provided, the following reports were found:

B. SUBJECT IDENTIFICATION INFORMATION (Reports available that subject identified in this file are identified in detail.)

Subject Name: 00010178
 Entity Subject Identification Number: 14010178
 Gender: FEMALE
 Date of Birth: 01/12/1960
 Other Name(s) Used: JACQUELYNNE
 Organization Name: JACQUELYNNE
 Organization Type: 00
 P.O. Box 20: 20100
 City Address: CHESLEY, VA 20153
 State: VA
 Social Security Number (SSN): *****-**-0000
 Individual Provider Identification Number (IPIN): 0000-0000-0000
 Identification of Licensee Code: 00000-00000-0000
 Registration Number: 0000-0000-0000
 Drug Information Administration (DIA) Number: 0000-0000-0000
 Federal Employer Identification Number (FEIN): 0000-0000-0000
 Other Licensee Identification Number (OLIN): 0000-0000-0000

C. ENROLLMENT INFORMATION
 NPOB Enrollment Date: 09/09/2011 - 09/09/2011
 NPOB Enrollment Status: Renewal
 NPOB Enrollment Code: 00/00/0001 - 00/00/0001
 License expiration is based on the entity subject ID: 09/09/2011

D. ENTRY INFORMATION
 Entry Date: 09/09/2011
 Authorized Agent: JACQUELYNNE
 Authorized Signature Name: JACQUELYNNE
 Authorized Signature Title: NURSE
 Authorized Signature Employee: 00000000-00000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 http://www.vspdb-licdb.com

DON: 71010000178000
 P.O. Box 1800
 Chesley, VA 20153-0000
 Page 1 of 1
 PRINT, LOGIN
 For authorized use by
 INTERNAL, INTERNAL

ADVERSE ACTION REPORT
 STATE LICENSE ACTION
 Report Number: 00122304666070

This report is maintained under the provisions of:
 This IV (NPOB) Section 1021 (NPOB) Section 11026 (NPOB)

The information contained in this report is restricted to the individual licensee data that is needed for use under the provisions of Section 1021 of the State Security Act, and of 12CFR 102.10. The information is restricted to the individual provider and transaction data that is needed for use under the provisions of Section 11026 of the State Security Act, and of 12CFR 102.10. 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 matter of private law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTS ON FILE WITH THE DATA BANK AS OF 09/09/2011
 Based on the subject identification information provided, the following reports were found:

B. SUBJECT IDENTIFICATION INFORMATION (Reports available that subject identified in this file are identified in detail.)

Subject Name: 00010178
 Entity Subject Identification Number: 14010178
 Gender: FEMALE
 Date of Birth: 01/12/1960
 Other Name(s) Used: JACQUELYNNE
 Organization Name: JACQUELYNNE
 Organization Type: 00
 P.O. Box 20: 20100
 City Address: CHESLEY, VA 20153
 State: VA
 Social Security Number (SSN): *****-**-0000
 Individual Provider Identification Number (IPIN): 0000-0000-0000
 Identification of Licensee Code: 00000-00000-0000
 Registration Number: 0000-0000-0000
 Drug Information Administration (DIA) Number: 0000-0000-0000
 Federal Employer Identification Number (FEIN): 0000-0000-0000
 Other Licensee Identification Number (OLIN): 0000-0000-0000

C. ENROLLMENT INFORMATION
 NPOB Enrollment Date: 09/09/2011 - 09/09/2011
 NPOB Enrollment Status: Renewal
 NPOB Enrollment Code: 00/00/0001 - 00/00/0001
 License expiration is based on the entity subject ID: 09/09/2011

D. ENTRY INFORMATION
 Entry Date: 09/09/2011
 Authorized Agent: JACQUELYNNE
 Authorized Signature Name: JACQUELYNNE
 Authorized Signature Title: NURSE
 Authorized Signature Employee: 00000000-00000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 http://www.vspdb-licdb.com

DON: 71010000178000
 P.O. Box 1800
 Chesley, VA 20153-0000
 Page 1 of 1
 PRINT, LOGIN
 For authorized use by
 INTERNAL, INTERNAL

ADVERSE ACTION REPORT
 STATE LICENSE ACTION
 Report Number: 00122304666070

This report is maintained under the provisions of:
 This IV (NPOB) Section 1021 (NPOB) Section 11026 (NPOB)

The information contained in this report is restricted to the individual licensee data that is needed for use under the provisions of Section 1021 of the State Security Act, and of 12CFR 102.10. The information is restricted to the individual provider and transaction data that is needed for use under the provisions of Section 11026 of the State Security Act, and of 12CFR 102.10. 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 matter of private law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTS ON FILE WITH THE DATA BANK AS OF 09/09/2011
 Based on the subject identification information provided, the following reports were found:

B. SUBJECT IDENTIFICATION INFORMATION (Reports available that subject identified in this file are identified in detail.)

Subject Name: 00010178
 Entity Subject Identification Number: 14010178
 Gender: FEMALE
 Date of Birth: 01/12/1960
 Other Name(s) Used: JACQUELYNNE
 Organization Name: JACQUELYNNE
 Organization Type: 00
 P.O. Box 20: 20100
 City Address: CHESLEY, VA 20153
 State: VA
 Social Security Number (SSN): *****-**-0000
 Individual Provider Identification Number (IPIN): 0000-0000-0000
 Identification of Licensee Code: 00000-00000-0000
 Registration Number: 0000-0000-0000
 Drug Information Administration (DIA) Number: 0000-0000-0000
 Federal Employer Identification Number (FEIN): 0000-0000-0000
 Other Licensee Identification Number (OLIN): 0000-0000-0000

C. ENROLLMENT INFORMATION
 NPOB Enrollment Date: 09/09/2011 - 09/09/2011
 NPOB Enrollment Status: Renewal
 NPOB Enrollment Code: 00/00/0001 - 00/00/0001
 License expiration is based on the entity subject ID: 09/09/2011

D. ENTRY INFORMATION
 Entry Date: 09/09/2011
 Authorized Agent: JACQUELYNNE
 Authorized Signature Name: JACQUELYNNE
 Authorized Signature Title: NURSE
 Authorized Signature Employee: 00000000-00000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

- In order to determine which suspension action the reinstatement applies to, the user must examine each report to make the connection

Cover Page

License Suspension

License Suspension

License Reinstatement

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 800.444.4444

Subject Subject ID: 561123456789
 DON: 11/15/2010
 From: 09/09/2011 Page 1 of 1
 09/09/2011
 For authorized use by
 INTERNAL USE ONLY

CONFIRMATION OF ENROLLMENT AS OF 09/09/2011

This report is currently available for continuous querying under the provisions of:
 This IV (NPRC) Section 1021 (NPRC) Section 11206 (NPRC)

A. REPORTS ON FILE WITH THE DATA BANK AS OF 09/09/2011
 Based on the subject identification information provided, the following reports were found:

Individual Program Report(s):	No Reports	Health Plan Address:	No Reports
Individual License Report(s):	No Reports	Individual License Address:	No Reports
Individual or General Address:	No Reports	Individual or General Address:	No Reports
Individual or General Address:	No Reports	Individual or General Address:	No Reports
Individual or General Address:	No Reports	Individual or General Address:	No Reports

B. SUBJECT IDENTIFICATION INFORMATION (Reports available for subject identified in this report are indicated by an asterisk (*))

Subject Name: 561123456789
 Entity Identification Number: 000000000000
 Gender: M
 Date of Birth: 01/15/1968
 Other Name(s) Used:
 Organization Type: 10
 City, State, ZIP: 10 HULL STREET
 City, State, ZIP: 10 HULL STREET
 City, State, ZIP: 10 HULL STREET
 Social Security Number (SSN): *****-****-1234
 Individual License Number (ILN): 000000000000
 Professional License(s) & Type of License(s): 000000000000 (0000)
 Board License Number: 000000000000
 Drug Enforcement Administration (DEA) Number: 000000000000
 Federal Employer Identification Number (FEIN): 000000000000
 State Employer Identification Number (SEIN): 000000000000

C. ENROLLMENT INFORMATION

Individual License Number (ILN): 000000000000
 Individual License Issue Date: 09/09/2011
 Individual License Expiration Date: 09/09/2011
 Individual License Status: 000000000000

D. ENTITY INFORMATION

Entity Name: 000000000000
 Address: 000000000000
 City, State, ZIP: 000000000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 800.444.4444

Subject Subject ID: 561123456789
 DON: 11/15/2010
 From: 09/09/2011 Page 1 of 1
 09/09/2011
 For authorized use by
 INTERNAL USE ONLY

ADVERSE ACTION REPORT

This report is currently available for continuous querying under the provisions of:
 This IV (NPRC) Section 1021 (NPRC) Section 11206 (NPRC)

ADVERSE ACTION REPORT
 Report Number: 561123456789

The information contained in this report is provided to the individual licensee(s) listed for use under the provisions of Section 1021 of the Code of Virginia, Title 54.2, Chapter 1. The information is provided to the individual licensee(s) listed for use under the provisions of Section 11206 of the Code of Virginia, Title 54.2, Chapter 1. All information is confidential and may be used only for the purposes for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of the law. For additional information or clarification, contact the reporting entity identified in Section A.

REPORTING ENTITY

Entity Name: 000000000000
 Address: 1014 WESTWOOD SQUARE
 City, State, ZIP: GALLITZ, MD 20324-4749
 Name of Official: JACK SMITH
 Title/Department: DIRECTOR
 Telephone: (703) 555-1234

INDIVIDUAL INFORMATION

Individual License Number (ILN): 000000000000
 Individual License Issue Date: 09/09/2011
 Individual License Expiration Date: 09/09/2011
 Individual License Status: 000000000000

ADVERSE ACTION INFORMATION

Adverse Action Type: 000000000000
 Adverse Action Issue Date: 09/09/2011
 Adverse Action Expiration Date: 09/09/2011
 Adverse Action Status: 000000000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 800.444.4444

Subject Subject ID: 561123456789
 DON: 11/15/2010
 From: 09/09/2011 Page 1 of 1
 09/09/2011
 For authorized use by
 INTERNAL USE ONLY

ADVERSE ACTION REPORT

This report is currently available for continuous querying under the provisions of:
 This IV (NPRC) Section 1021 (NPRC) Section 11206 (NPRC)

ADVERSE ACTION REPORT
 Report Number: 561123456789

The information contained in this report is provided to the individual licensee(s) listed for use under the provisions of Section 1021 of the Code of Virginia, Title 54.2, Chapter 1. The information is provided to the individual licensee(s) listed for use under the provisions of Section 11206 of the Code of Virginia, Title 54.2, Chapter 1. All information is confidential and may be used only for the purposes for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of the law. For additional information or clarification, contact the reporting entity identified in Section A.

REPORTING ENTITY

Entity Name: 000000000000
 Address: 1014 WESTWOOD SQUARE
 City, State, ZIP: GALLITZ, MD 20324-4749
 Name of Official: JACK SMITH
 Title/Department: DIRECTOR
 Telephone: (703) 555-1234

INDIVIDUAL INFORMATION

Individual License Number (ILN): 000000000000
 Individual License Issue Date: 09/09/2011
 Individual License Expiration Date: 09/09/2011
 Individual License Status: 000000000000

ADVERSE ACTION INFORMATION

Adverse Action Type: 000000000000
 Adverse Action Issue Date: 09/09/2011
 Adverse Action Expiration Date: 09/09/2011
 Adverse Action Status: 000000000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank
 P.O. Box 1800
 Chesley, VA 20153-0000
 800.444.4444

Subject Subject ID: 561123456789
 DON: 11/15/2010
 From: 09/09/2011 Page 1 of 1
 09/09/2011
 For authorized use by
 INTERNAL USE ONLY

ADVERSE ACTION REPORT

This report is currently available for continuous querying under the provisions of:
 This IV (NPRC) Section 1021 (NPRC) Section 11206 (NPRC)

ADVERSE ACTION REPORT
 Report Number: 561123456789

The information contained in this report is provided to the individual licensee(s) listed for use under the provisions of Section 1021 of the Code of Virginia, Title 54.2, Chapter 1. The information is provided to the individual licensee(s) listed for use under the provisions of Section 11206 of the Code of Virginia, Title 54.2, Chapter 1. All information is confidential and may be used only for the purposes for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of the law. For additional information or clarification, contact the reporting entity identified in Section A.

REPORTING ENTITY

Entity Name: 000000000000
 Address: 1014 WESTWOOD SQUARE
 City, State, ZIP: GALLITZ, MD 20324-4749
 Name of Official: JACK SMITH
 Title/Department: DIRECTOR
 Telephone: (703) 555-1234

INDIVIDUAL INFORMATION

Individual License Number (ILN): 000000000000
 Individual License Issue Date: 09/09/2011
 Individual License Expiration Date: 09/09/2011
 Individual License Status: 000000000000

ADVERSE ACTION INFORMATION

Adverse Action Type: 000000000000
 Adverse Action Issue Date: 09/09/2011
 Adverse Action Expiration Date: 09/09/2011
 Adverse Action Status: 000000000000

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Previous Report Number: 550000000000111

Related Query Response

- By better organizing the existing content, we can now add a summary of incidents that shows how the reports are related

the DataBank
P.O. Box 10832
Charlottesville, VA 22915-0832
<http://www.npdb.hrsa.gov>

Entity Subject ID: 7600000024982296
DCN: 7910000074120213
Process Date: 05/24/2012 Page: 1 of 1
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

CONFIRMATION OF ENROLLMENT AS OF 05/24/2012
Subject is currently enrolled for continuous querying under the provisions of:

Title IV
 Section 1921
 Section 1128E

A. REPORTS ON FILE WITH THE DATA BANK(S) AS OF 05/24/2012
Based on the subject identification information provided, the following report(s) were found:

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	None
State Licensure Action(s):	200000000306751 5500238393556670 5500238393556677
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	None
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	None
Peer Review Organization Action(s):	None

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: GRIN, ROGER
 Entity Subject Identification Number: 7600000024982296
 Gender: MALE
 Date of Birth: 03/21/1948

Other Name(s) Used:
 Organization Name:
 Organization Type:

Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Home Address: 91224 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 Professional School(s) & Year of Graduation: AUSBURG COLLEGE (2001)
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)
 State License Number, State of Licensure: 21321331, VA

Drug Enforcement Administration (DEA) Numbers:
 National Provider Identifiers (NPI):
 Federal Employer Identification Numbers (FEIN):
 Unique Physician Identification Numbers (UPIN):

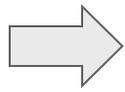
C. ENROLLMENT INFORMATION

NPDB Enrollment Status: Enrolled
 NPDB Enrollment Dates: 05/24/2012 - 05/31/2013*
 * Unless enrollment is canceled by the entity prior to this date

D. ENTITY INFORMATION

Entity Name: GENERAL HOSPITAL (DRID ending in ...33)
 Authorized Agent:
 Authorized Submitter's Name: JOHN SMITH
 Authorized Submitter's Title: MANAGER
 Authorized Submitter's Telephone: (703) 555-1212

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



the DataBank
P.O. Box 10832
Charlottesville, VA 22915-0832
<http://www.npdb.hrsa.gov>

Entity Subject ID: 7600000024982296
DCN: 7910000074120213
Process Date: 12/15/2012 Page: 1 of 1
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIN, ROGER - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GRIN, ROGER
 Date of Birth: 03/21/1948 Gender: MALE
 Social Security Number: ***-**-0036 Entity Subject ID Number: 7600000024982296
 Work Address: 3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118
 Home Address: 91224 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118
 License: OSTHOPEATHIC PHYSICIAN (DO) - 21321331, VA
 Professional School: AUSBURG COLLEGE (2001)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 12/15/2012 - 12/30/2013 (Unless canceled prior to this date)
 Statuses Queried: Title IV, Section 1921, Section 1128E
 Authorized Submitter: JOHN SMITH, MANAGER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012

The following report types have been searched:

Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	Yes, See Below	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports

MARYLAND STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION
 Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING
 Initial Action: - REPRIMAND OR CENSURE Date of Action: 04/08/2009
 DCN: 200000000306751

VIRGINIA STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION
 Basis for Action: - VIOLATION OF STATE HEALTH CODE
 Initial Action: - PROBATION OF LICENSE Date of Action: 05/23/2006
 DCN: 5500238393556670

Subsequent Action: - SUSPENSION OF LICENSE Date of Action: 09/03/2008
 DCN: 5500238393556677

----- Unabridged Report(s) Follow -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

Users stated they want the practitioner information shown first in order to easily identify the subject of the query.

the DataBank
 P.O. Box 10832
 Charity, VA 20153-0832
<http://www.npdb.hrsa.gov>

Entity Subject ID: 7600000024982296
 DCN: 7910000074120213
 Process Date: 05/24/2012 Page: 1 of 1
 GRIIN, ROGER
 For authorized use by:
 GENERAL HOSPITAL

the DataBank
 P.O. Box 10832
 Charity, VA 20153-0832
<http://www.npdb.hrsa.gov>

Entity Subject ID: 7600000024982296
 DCN: 7910000074120213
 Process Date: 12/15/2012 Page: 1 of 1
 GRIIN, ROGER
 For authorized use by:
 GENERAL HOSPITAL

GRIN, ROGER - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GRIIN, ROGER
 Date of Birth: 03/21/1948 Gender: MALE
 Social Security Number: ***-**-0036 Entity Subject ID Number: 7600000024982296
 Work Address: 3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118
 Home Address: 91234 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118
 License: OSTEOPATHIC PHYSICIAN (DO) - 21321331, VA
 Professional School: AUSBURG COLLEGE (2001)

Gender: MALE
 Date of Birth: 03/21/1948
 Other Name(s) Used:
 Organization Name:
 Organization Type:
 Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Home Address: 91234 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 Professional School(s) & Year of Graduation: AUSBURG COLLEGE (2001)
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)
 State License Number, State of Licensure: 21321331, VA
 Drug Enforcement Administration (DEA) Numbers:
 National Provider Identifiers (NPI):
 Federal Employer Identification Numbers (FEIN):
 Unique Physician Identification Numbers (UPIN):

C. ENROLLMENT INFORMATION

NPDS Enrollment Status: Enrolled
 NPDS Enrollment Dates: 05/24/2012 - 05/31/2013*
 * Unless enrollment is canceled by the entity prior to this date

D. ENTITY INFORMATION

Entity Name: GENERAL HOSPITAL (DBID ending in ...33)
 Authorized Agent:
 Authorized Submitter's Name: JOHN SMITH
 Authorized Submitter's Title: MANAGER
 Authorized Submitter's Telephone: (703) 555-1212

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING
 Initial Action: - REPRIMAND OR CENSURE Date of Action: 04/08/2009
 DCN: 200000000309761

VIRGINIA STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION
 Basis for Action: - VIOLATION OF STATE HEALTH CODE
 Initial Action: - PROBATION OF LICENSE Date of Action: 05/23/2006
 DCN: 5500238393556670
 Subsequent Action: - SUSPENSION OF LICENSE Date of Action: 09/03/2008
 DCN: 5500238393556677

----- Unabridged Report(s) Follow -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

The enrollment and submitter information has been resized to allow more room for report information.

the DataBank
 P.O. Box 10832
 Chantilly, VA 20153-0832
 http://www.npdb.hrsa.gov

Entity Subject ID: 7600000024982296
 DCN: 7930000072009385
 Process Date: 05/24/2012 Page: 1 of 1
 GRIN, ROGER
 For authorized use by:
 GENERAL HOSPITAL

CONFIRMATION OF ENROLLMENT AS OF 05/24/2012
 Subject is currently enrolled for continuous querying under the provisions of:

Title IV Section 1921 Section 1128E

A. REPORTS ON FILE WITH THE DATA BANK(S) AS OF 05/24/2012
 Based on the subject identification information provided, the following report(s) were found:

the DataBank
 P.O. Box 10832
 Chantilly, VA 20153-0832
 http://www.npdb.hrsa.gov

Entity Subject ID: 7600000024982296
 DCN: 7930000074120213
 Process Date: 12/15/2012 Page: 1 of 1
 GRIN, ROGER
 For authorized use by:
 GENERAL HOSPITAL

GRIN, ROGER - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GRIN, ROGER
 Date of Birth: 03/21/1948 Gender: MALE
 Social Security Number: ***-**-0036 Entity Subject ID Number: 7600000024982296
 Work Address: 3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118
 Home Address: 91234 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118
 License: OSTEOPATHIC PHYSICIAN (DO) - 21321331, VA

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 12/15/2012 - 12/31/2013 (Unless canceled prior to this date)
Statutes Queried: Title IV, Section 1921, Section 1128E
Authorized Submitter: JOHN SMITH, MANAGER, (703) 555-1212

Peer Review Organization Action(s): None

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)
 Subject Name: GRIN, ROGER
 Entity Subject Identification Number: 7600000024982296
 Gender: MALE
 Date of Birth: 03/21/1948
 Other Name(s) Used:
 Organization Name:
 Organization Type:
 Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Home Address: 91234 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 Professional School(s) & Year of Graduation: AUSBERG COLLEGE (2001)
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)
 State License Number, State of Licensure: 21321331, VA
 Drug Enforcement Administration (DEA) Numbers:
 National Provider Identifiers (NPI):
 Federal Employer Identification Numbers (FEIN):
 Unique Physician Identification Numbers (UPIN):

C. ENROLLMENT INFORMATION
 NPDS Enrollment Status: Enrolled
 NPDS Enrollment Dates: 05/24/2012 - 05/31/2013*
 * Unless enrollment is canceled by the entity prior to this date

D. ENTITY INFORMATION
 Entity Name: GENERAL HOSPITAL (DBID ending in ...33)
 Authorized Agent:
 Authorized Submitter's Name: JOHN SMITH
 Authorized Submitter's Title: MANAGER
 Authorized Submitter's Telephone: (703) 555-1212

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Clinical Privileges Action: No Reports Peer Review Organization Action: No Reports

MARYLAND STATE BOARD OF USABILITY TESTING
 STATE LICENSURE ACTION
 Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING
 Initial Action: - REPRIMAND OR CENSURE Date of Action: 04/08/2009
 DCN: 200000000309751

VIRGINIA STATE BOARD OF USABILITY TESTING
 STATE LICENSURE ACTION
 Basis for Action: - VIOLATION OF STATE HEALTH CODE
 Initial Action: - PROBATION OF LICENSE Date of Action: 05/23/2006
 DCN: 5500238393556670
 Subsequent Action: - SUSPENSION OF LICENSE Date of Action: 09/03/2008
 DCN: 5500238393556677

----- Unabridged Report(s) Follow -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

the DataBank
P.O. Box 10832
Charlottesville, VA 22903-0832
http://www.npdb.hrsa.gov

Entity Subject ID: 760000024982296
DCN: 7910000074120213
Process Date: 05/24/2012 Page: 1 of 1
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

the DataBank
P.O. Box 10832
Charlottesville, VA 22903-0832
http://www.npdb.hrsa.gov

Entity Subject ID: 760000024982296
DCN: 7910000074120213
Process Date: 12/15/2012 Page: 1 of 1
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIN, ROGER - CONTINUOUS QUERY RESPONSE

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012

The following report types have been searched:

Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	Yes, See Below	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: GRIN, ROGER
Entity Subject Identification Number: 760000024982296
Gender: MALE
Date of Birth: 03/21/1948
Other Name(s) Used:
Organization Name:
Organization Type:
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 50118
Home Address: 91214 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 50118
Social Security Numbers (SSN): ***-**-0036
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: AUSBERG COLLEGE (2001)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 21321331, VA
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. ENROLLMENT INFORMATION

NPDS Enrollment Status: Enrolled
NPDS Enrollment Dates: 05/24/2012 - 05/31/2013*
* Unless enrollment is canceled by the entity prior to this date

D. ENTITY INFORMATION

Entity Name: GENERAL HOSPITAL (DBID ending in ...33)
Authorized Agent:
Authorized Submitter's Name: JOHN SMITH
Authorized Submitter's Title: MANAGER
Authorized Submitter's Telephone: (703) 555-1212

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

MARYLAND STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION
Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING
Initial Action: - REPRIMAND OR CENSURE Date of Action: 04/08/2009
DCN: 200000000309751

VIRGINIA STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION
Basis for Action: - VIOLATION OF STATE HEALTH CODE
Initial Action: - PROBATION OF LICENSE Date of Action: 05/23/2006
DCN: 5500238393556670
Subsequent Action: - SUSPENSION OF LICENSE Date of Action: 09/03/2008
DCN: 5500238393556677

----- Unbridged Report(s) Follow -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

In this example, there are 2 separate incidents. The second incident has 2 reports: an initial action and a revision.

Users stated that the reporting entity, action type, and basis for action were the most important items in describing an incident.

The incident with the most recent action will appear first. Within an incident the actions will be listed in chronological order.

<p>the DataBank P.O. Box 10832 Chantilly, VA 20153-0832</p>	<p>Entity Subject ID: 7600000024982296 DCN: 7930000072009385 Process Date: 05/24/2012 Page: 1 of 1 GREEN, ROGER For authorized use by:</p>	<p>the DataBank P.O. Box 10832 Chantilly, VA 20153-0832</p>
---	--	---

MARYLAND STATE BOARD OF USABILITY TESTING		
STATE LICENSURE ACTION		
Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING		
Initial Action:	- REPRIMAND OR CENSURE	Date of Action: 04/08/2009
DCN:	2000000000306751	

VIRGINIA STATE BOARD OF USABILITY TESTING		
STATE LICENSURE ACTION		
Basis for Action: - VIOLATION OF STATE HEALTH CODE		
Initial Action:	- PROBATION OF LICENSE	Date of Action: 05/23/2006
DCN:	5500238393556670	
Subsequent Action:	- SUSPENSION OF LICENSE	Date of Action: 09/03/2008
DCN:	5500238393556677	

Unique Physician Identification Numbers (UPIN):

C. ENROLLMENT INFORMATION

NPDS Enrollment Status: Enrolled
NPDS Enrollment Dates: 05/24/2012 - 05/31/2013*
* Unless enrollment is canceled by the entity prior to this date.

D. ENTITY INFORMATION

Entity Name: GENERAL HOSPITAL (DBID ending in ...33)
Authorized Agent:
Authorized Submitter's Name: JOHN SMITH
Authorized Submitter's Title: MANAGER
Authorized Submitter's Telephone: (703) 555-1212

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Unabridged Report

Users stated that the date the action was taken was the most useful date associated with the action.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

- The report itself will also be updated to show the most useful items at the top of the first page
 - Practitioner Name
 - Reporting Entity
 - Date of Action
 - Action description (e.g., Revocation of License)
 - Basis for action (e.g., Failure to Comply With Health and Safety Requirements)
 - Other reports that are part of the incident (if the incident has multiple reports)
- This will further assist the user in seeing the relationship between the reports

Related Query Response

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

DCN: 5500434656546799
Process Date: 09/03/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 5500434656546799
This report is maintained under the provisions of:

Title IV Section 1921 Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 80. 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: VIRGINIA STATE BOARD OF USABILITY TESTING
Address: 1200 VIRGINIA STREET
SUITE 100
City, State, Zip: FAIRFAX, VA 22033-4435
Country:
Name of Office: JACK SMITH_2
Title or Department: DIRECTOR
Telephone: (703) 555-2323
Entity Internal Report Reference:
Type of Report: REVISION
Related Report Number: 5500238393556670

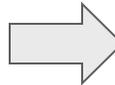
B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
Other Name(s) Used:
Gender: MALE
Date of Birth: 03/21/1948
Organization Name:
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
Organization Type:
Home Address: 91234 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
Deceased: NO

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:
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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



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

DCN: 5500434656546799
Process Date: 09/21/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING
REVISION OF STATE LICENSURE ACTION Date of Action: 09/03/2008

Subsequent Action	Basis for Initial Action
- Suspension of License	- Violation of State Health Code - Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse

This action has related reports:

Initial Action:	Date of Action:	DCN:
- Probation of License	05/23/2006	5500238393556670
Subsequent Action:	[This Action]	

A. REPORTING ENTITY

Entity Name: VIRGINIA STATE BOARD OF USABILITY TESTING
Address: 1200 VIRGINIA STREET
SUITE 22225
City, State, Zip: FAIRFAX, VA 22033-4435
Country:
Name of Office: JACK SMITH
Title or Department: DIRECTOR
Telephone: (703) 555-2323
Entity Internal Report Reference:
Type of Report: REVISION
Related Report Number: 5500238393556670

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
Other Name(s) Used:
Gender: MALE
Date of Birth: 03/21/1948
Organization Name: GENERAL HOSPITAL
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address: 91234 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Deceased: NO

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:
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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

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

DCN: 550043465646799
Process Date: 09/03/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 550043465646799
This report is maintained under the provisions of:

Title IV Section 1924 Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 80. 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: VIRGINIA STATE BOARD OF USABILITY TESTING Address: 1200 VIRGINIA STREET SUITE 100 City, State, Zip: FAIRFAX, VA 22033-4435 Country: Name of Office: JACK SMITH_2 Title or Department: DIRECTOR Telephone: (703) 555-2323 Entity Internal Report Reference: Type of Report: REVISION Related Report Number: 5500238393556670
B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)	Subject Name: GRIIN, ROGER Other Name(s) Used: Gender: MALE Date of Birth: 03/21/1948 Organization Name: Work Address: 3004 85TH ST E City, State, ZIP: INNER GROVE HEIGHTS, VA 55118 Organization Type: Home Address: 91234 WALNUT ST E City, State, ZIP: INNER GROVE HEIGHTS, VA 55118 Deceased: NO Federal Employer Identification Numbers (FEIN): Social Security Numbers (SSN): ***-**-0036 Individual Taxpayer Identification Numbers (ITIN): National Provider Identifiers (NPI): Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001) Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) State License Number, State of Licensure: 21321331, VA Specialty: INTERNAL MEDICINE Drug Enforcement Administration (DEA) Numbers: 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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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

DCN: 550043465646799
Process Date: 09/21/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING
REVISION OF STATE LICENSURE ACTION Date of Action: 09/03/2008

Subsequent Action	Basis for Initial Action
- Suspension of License	- Violation of State Health Code - Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse

This action has related reports:

Initial Action: - Probation of License	Date of Action: 05/23/2006	DCN: 5500238393556670
Subsequent Action: [This Action]		

A. REPORTING ENTITY	Entity Name: VIRGINIA STATE BOARD OF USABILITY TESTING Address: 1200 VIRGINIA STREET SUITE 22225 City, State, Zip: FAIRFAX, VA 22033-4435 Country: Name of Office: JACK SMITH Title or Department: DIRECTOR Telephone: (703) 555-2323 Entity Internal Report Reference: Type of Report: REVISION Related Report Number: 5500238393556670
B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)	Subject Name: GRIIN, ROGER Other Name(s) Used: Gender: MALE Date of Birth: 03/21/1948 Organization Name: Work Address: 3004 85TH ST E City, State, ZIP: INNER GROVE HEIGHTS, VA 53145 Organization Type: Home Address: 91234 WALNUT ST E City, State, ZIP: INNER GROVE HEIGHTS, VA 53145 Deceased: NO Federal Employer Identification Numbers (FEIN): Social Security Numbers (SSN): ***-**-0036 Individual Taxpayer Identification Numbers (ITIN): National Provider Identifiers (NPI): Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001) Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: 21321331, VA Specialty: INTERNAL MEDICINE Drug Enforcement Administration (DEA) Numbers: 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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

Current version.

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

DCN: 550043465646799
Process Date: 09/03/2008
Page: 1 of 2
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

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

The report number already appears as the top item on the header of each page so it is redundant here.

The specific type of action is the most relevant title for the report, not the general "Adverse Action Report".

ADVERSE ACTION REPORT STATE LICENSURE ACTION

Report Number: 550043465646799

This report is maintained under the provisions of:

Title IV

Section 1921

Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

City, State, ZIP: INNER GROVE HEIGHTS, VA 53118
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Organization Name: GENERAL HOSPITAL
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address: 91234 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:
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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

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

DCN: 5500434656546799
Process Date: 09/03/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

ADVERSE ACTION REPORT
STATE LICENSURE ACTION
Report Number: 5500434656546799
This report is maintained under the provisions of:

Title IV Section 1921 Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 80. 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: VIRGINIA STATE BOARD OF USABILITY TESTING
Address: 1200 VIRGINIA STREET
SUITE 100
City, State, Zip: FAIRFAX, VA 22033-4435
Country:
Name of Office: JACK SMITH_2
Title or Department: DIRECTOR
Telephone: (703) 555-2323
Entity Internal Report Reference:
Type of Report: REVISION
Related Report Number: 5500238393556670

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
Other Name(s) Used:
Gender: MALE
Date of Birth: 03/21/1948
Organization Name:
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
Organization Type:
Home Address: 91234 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
Deceased: NO

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--*0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:
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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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

DCN: 5500434656546799
Process Date: 09/21/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING

REVISION OF STATE LICENSURE ACTION Date of Action: 09/03/2008

Subsequent Action	Basis for Initial Action
- Suspension of License	- Violation of State Health Code - Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse

This action has related reports:

Initial Action: - Probation of License	Date of Action: 05/23/2006	DCN: 5500238393556670
Subsequent Action: [This Action]		

A. REPORTING ENTITY

Entity Name: VIRGINIA STATE BOARD OF USABILITY TESTING
Address: 1200 VIRGINIA STREET
SUITE 22225
City, State, Zip: FAIRFAX, VA 22033-4435
Country:
Name of Office: JACK SMITH
Title or Department: DIRECTOR
Telephone: (703) 555-2323
Entity Internal Report Reference:
Type of Report: REVISION
Related Report Number: 5500238393556670

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
Other Name(s) Used:
Gender: MALE
Date of Birth: 03/21/1948
Organization Name:
Work Address: 3004 85TH ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Organization Type:
Home Address: 91234 WALNUT ST E
City, State, ZIP: INNER GROVE HEIGHTS, VA 53145
Deceased: NO

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***--*0036
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 21321331, VA
Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:
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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

Enhanced version.

The specific action type has been retained.

The practitioner name and reporter name are the most important data items so they have been added to the top of the report.

DCN: 550043469646799
 Process Date: 09/03/2008
 Page: 1 of 2
 GREEN, ROGER
 For authorized use by:
 GENERAL HOSPITAL

the DataBank
 P.O. Box 10832
 Charlottesville, VA 22915-0832
<http://www.npdb.hrsa.gov>

GREEN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING

REVISION OF STATE LICENSURE ACTION

Date of Action: 09/03/2008

Subsequent Action

Basis for Initial Action

- Suspension of License

- Violation of State Health Code
 - Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse

This action has related reports:

Initial Action: - Probation of License

Date of Action: 05/23/2006

DCN: 5500238393556670

Subsequent Action: [This Action]

If the report is part of a multi-action incident, the other actions in the incident will be listed. This will further enhance the viewer's knowledge of the context of the action.

Valuable items that are included on the incident based view (action type, basis, and date) will now appear here as well.

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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE

Professional School(s) & Year(s) of Graduation:
 Occupation/Field of License:
 State License Number:
 Drug Enforcement Administration (DEA) Number:
 Unique Physician Identifier:
 Name(s) of Health Care Entity (Entities)
 Affiliated or Associated (Inclusion Does Not Imply Complicity in
 the Reported Action):

CONFIDENTIAL

Related Query Response

MARYLAND STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION

Basis for Action: - MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING

Initial Action: - REPRIMAND OR CENSURE
 DCN: 2000000000306751

Date of Action: 04/08/2009

VIRGINIA STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION

Basis for Action: - VIOLATION OF STATE HEALTH CODE

Initial Action: - PROBATION OF LICENSE
 DCN: 5500238393556670

Date of Action: 05/23/2006

Subsequent Action: - SUSPENSION OF LICENSE
 DCN: 5500238393556677

Date of Action: 09/03/2008

----- Unabridged Report(s) Follow -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

Report #1

the DataBank

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

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

DCN: 2000000000306751
Process Date: 04/08/2009
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

MARYLAND STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION

Date of Action: 04/08/2009

Initial Action

Basis for Action

- Reprimand or Censure

- Misleading, False or Deceptive Advertising or Marketing

A. REPORTING ENTITY

Entity Name: MARYLAND STATE BOARD OF USABILITY TESTING

Address: 123 STATE STREET

SUITE 100

City, State, Zip: HALIFAX, MD 55033-4435

Country:

Name of Office: JACK SMITH

Title or Department: DIRECTOR

Telephone: (703) 555-2323

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: GRIIN, ROGER

Other Name(s) Used:

Gender: MALE



Related Query Response

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 03/21/1948
 Organization Name:
 Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Organization Type:
 Home Address: 91234 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Deceased: NO
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: AUSBERG COLLEGE (2001)
 Occupation/Field of Licensure (Code): OSTEPATHIC PHYSICIAN (DO)
 State License Number, State of Licensure: 21321331, VA
 Specialty: INTERNAL MEDICINE
 Drug Enforcement Administration (DEA) Numbers:
 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):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

the DataBank

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

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

DCN: 2000000000306751
Process Date: 04/28/2009
Page: 2 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: MISLEADING, FALSE OR DECEPTIVE ADVERTISING OR MARKETING (E5)

Name of Agency or Program That Took the Adverse Action Specified in This Report: MARYLAND STATE BOARD OF USABILITY TESTING

Adverse Action Classification Code(s): REPRIMAND OR CENSURE (1140)
Date Action Was Taken: 04/08/2009
Date Action Became Effective: 04/08/2009
Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES

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: PRACTITIONER ADVERTISED UNSUBSTANTIATED CLAIMS

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?: NO

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.



Related Query Response

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: 04/08/2009

Date of Most Recent Change: 04/08/2009

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

Report #2

the DataBank

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

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

DCN: 5500238393556670
Process Date: 05/23/2006
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING

STATE LICENSURE ACTION

Date of Action: 05/23/2006

Initial Action

Basis for Action

- Probation of License

- Violation of State Health Code
- Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - Suspension of License **Date of Action:** 09/03/2008 **DCN:** 5500238393556677

A. REPORTING ENTITY

Entity Name: VIRGINIA STATE BOARD OF USABILITY TESTING
Address: 1200 VIRGINIA STREET
SUITE 100
City, State, Zip: FAIRFAX, VA 22033-4435
Country:
Name of Office: JACK SMITH
Title or Department: DIRECTOR



Related Query Response

Name of Office: JACK SMITH
 Title or Department: DIRECTOR
 Telephone: (703) 555-2323
 Entity Internal Report Reference:
 Type of Report: INITIAL

**B. SUBJECT
 IDENTIFICATION
 INFORMATION
 (INDIVIDUAL)**

Subject Name: GRIIN, ROGER
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 03/21/1948
 Organization Name:
 Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Organization Type:
 Home Address: 91234 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Deceased: NO

Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
 Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
 State License Number, State of Licensure: 21321331, VA
 Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Numbers:
 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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

the DataBank

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

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

DCN: 5500238393556670
Process Date: 05/23/2006
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: VIOLATION OF STATE HEALTH CODE (84)

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

VIRGINIA STATE BOARD OF USABILITY TESTING

Adverse Action

Classification Code(s): PROBATION OF LICENSE (1125)

Date Action Was Taken: 05/23/2006

Date Action Became Effective: 05/24/2006

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:

YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)

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:

PRACTITIONER VIOLATED STATE HEALTH CODE

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?:

NO

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.



Related Query Response

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: 05/23/2006
 Date of Most Recent Change: 05/23/2006

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

Report #3

the DataBank

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

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

DCN: 5500434656546799
Process Date: 09/21/2008
Page: 1 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING

REVISION OF STATE LICENSURE ACTION

Date of Action: 09/03/2008

Subsequent Action

Basis for Initial Action

- Suspension of License

- Violation of State Health Code
- Unable to Practice Safely by Reason of Alcohol or Other
Substance Abuse

This action has related reports:

Initial Action: - Probation of License

Date of Action: 05/23/2006

DCN: 5500238393556670

Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: VIRGINIA STATE BOARD OF USABILITY TESTING

Address: 1200 VIRGINIA STREET
SUITE 100

City, State, Zip: FAIRFAX, VA 22033-4435

Country:

Name of Office: JACK SMITH

Title or Department: DIRECTOR



Related Query Response

Country:
 Name of Office: JACK SMITH
 Title or Department: DIRECTOR
 Telephone: (703) 555-2323
 Entity Internal Report Reference:
 Type of Report: REVISION
 Related Report Number: 5500238393556670

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIIN, ROGER
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 03/21/1948
 Organization Name:
 Work Address: 3004 85TH ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Organization Type:
 Home Address: 91234 WALNUT ST E
 City, State, ZIP: INNER GROVE HEIGHTS, VA 55118
 Deceased: NO

Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**-0036
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: AUSBURG COLLEGE (2001)
 Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
 State License Number, State of Licensure: 21321331, VA
 Specialty: INTERNAL MEDICINE
 Drug Enforcement Administration (DEA) Numbers:
 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.):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



Related Query Response

the DataBank

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

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

DCN: 7930000072009376
Process Date: 09/21/2008
Page: 2 of 2
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program That Took the Adverse Action Specified in This Report: STATE BOARD
Adverse Action Classification Code(s): SUSPENSION OF LICENSE (1135)
Date Action Was Taken: 09/03/2008
Date Action Became Effective: 09/03/2008
Length of Action: PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 5000.00
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: VIOLATED PROBATION TERMS
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?: NO

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.



Related Query Response

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: 09/21/2008

Date of Most Recent Change: 09/21/2008

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Related Query Response

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

Entity Subject ID: 7600000024982296
DCN: 7910000074120213
Process Date: 12/15/2012 **Page:** 1 of 1
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	GRIIN, ROGER	Gender:	MALE
Date of Birth:	03/21/1948	Entity Subject ID Number:	7600000024982296
Social Security Number:	***-**-0036		
Work Address:	3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118		
Home Address:	91234 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118		
License:	OSTEOPATHIC PHYSICIAN (DO) - 21321331, VA		
Professional School:	AUSBURG COLLEGE (2001)		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 12/15/2012 - 12/30/2012 (Unless canceled prior to this date)
Statutes Queried:	Title IV, Section 1921, Section 1120E
Authorized Submitter:	JOHN SMITH, MANAGER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012

The following report types have been searched:

Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	No Reports	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports

----- No Reports Found -----

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

An example response for when there are no reports on file.

Related Query Response

<p>the DataBank P.O. Box 10832 Chantilly, VA 20153-0832 http://www.npdb.hrsa.gov</p>		<p>Entity Subject ID: 7600000024982296 DCN: 7910000074120213 Process Date: 12/15/2012 Page: 1 of 1 GRIIN, ROGER For authorized use by: GENERAL HOSPITAL</p>	
GRIIN, ROGER - CONTINUOUS QUERY RESPONSE			
A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)			
Practitioner Name:	GRIIN, ROGER	Gender:	MALE
Date of Birth:	03/21/1948	Entity Subject ID Number:	7600000024982296
Social Security Number:	***-**-0036		
Work Address:	3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118		
Home Address:	91234 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118		
License:	OSTEOPATHIC PHYSICIAN (DO) - 21321331, VA		
Professional School:	AUSBURG COLLEGE (2001)		
B. CONTINUOUS QUERY ENROLLMENT INFORMATION			
Enrollment Status:	Enrolled - 12/15/2012 - 12/30/2012 (Unless canceled prior to this date)		
Statutes Queried:	Title IV, Section 1921, Section 1128E		
Authorized Submitter:	JOHN SMITH, MANAGER, (703) 555-1212		
C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012			
The following report types have been searched:			
Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	No Reports	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports
----- No Reports Found -----			
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY			

Related Query Response

the DataBank

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

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

Entity Subject ID: 7600000024982296
DCN: 7910000074120213
Process Date: 12/15/2012 Page: 1 of 1
GRIIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIIN, ROGER - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	GRIIN, ROGER	Gender:	MALE
Date of Birth:	03/21/1948	Entity Subject ID Number:	7600000024982296
Social Security Number:	***-**-0036		
Work Address:	3004 85TH ST E, INNER GROVE HEIGHTS, VA, 55118		
Home Address:	91234 WALNUT ST E, INNER GROVE HEIGHTS, VA, 55118		
License:	OSTEOPATHIC PHYSICIAN (DO) - 21321331, VA		
Professional School:	AUSBURG COLLEGE (2001)		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 12/15/2012 - 12/30/2013 (Unless canceled prior to this date)
Statutes Queried: Title IV, Section 1921, Section 1128E
Authorized Submitter: JOHN SMITH, MANAGER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012

The following report types have been searched:

Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	No Reports	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports

----- No Reports Found -----

Related Query Response

Scenario

Report Submitted On Practitioner
Enrolled in Continuous Query

Related Query Response

Query Options - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

QUERY OPTIONS

New Queries

- Submit
- View Responses

Maintenance

- Manage Departments
- Maintain Subject Database

Continuous Query Management

- Manage Practitioners
- 2 unviewed disclosures
- Search for Practitioners
- Renew Enrollments
- Cancel Enrollments
- Update from Subject Database

[Return to Options](#)

User is notified of a new disclosure on an enrolled practitioner.

The disclosure is now available through the Manage Practitioners screen alongside the entity's other enrolled practitioners, instead of appearing on a separate screen.

Related Query Response

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

QUERY OPTIONS

New Queries

- Submit
- View Responses

Maintenance

- Manage Departments
- Maintain Subject Database

Continuous Query Management

- Manage Practitioners** ← 2 unviewed disclosures
- Search for Practitioners
- Renew Enrollments
- Cancel Enrollments
- Update from Subject Database

[Return to Options](#)

Related Query Response

Manage Practitioners - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith

Current screen.

Sign Out

MANAGE PRACTITIONERS

the DataBank
NATIONAL PRACTITIONER

Click a subject name to view the subject detail screen. From there you may view subject information, update the subject, cancel the enrollment, and view the subject's reports. [Help ?](#)

Subjects Found: 15

All	Name	Entity Subject ID	DOB	Dept	Renewal Month	Status	Latest Disclosure Date
<input type="checkbox"/>	DOE, JOHN		05/05/1950		12/2013	Enrolled	05/25/2012
<input type="checkbox"/>	GRIIN, ROGER	7600000024982296	09/09/1909		12/2013	Enrolled	
<input type="checkbox"/>	IDAHO, SAM		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	JAMESON, SAM		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	JONES, IRVIN		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	ROE, JANE		05/05/1950		12/2013	Enrolled	05/25/2012
<input type="checkbox"/>	STEVENSON, STEVE		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	TENNESSEE, TOBY		05/05/1950		12/2013	Enrolled	05/25/2012
<input type="checkbox"/>	UTAH, JOHN		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	VICTORIA, JANE		05/05/1950		12/2013	Enrolled	05/25/2012
<input type="checkbox"/>	VIRGINIA, VALERIE		03/24/1928		12/2013	Enrolled	
<input type="checkbox"/>	WYOMING, STEVE		05/05/1950		12/2013	Enrolled	05/25/2012

From [] Through [] [Filter Subjects](#) (ALL) (ALL) (ALL) (ALL)

[Search Subjects](#) [Enroll New Subject](#) [Generate Ad Hoc Enrollment Confirmations](#) [Download](#)

[Return to Options](#)

Related Query Response

Manage Practitioners - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX VA) | User: JohnSmith

Enhanced screen.

Sign Out

The most common search item is practitioner name, so an inline search box has been added.

The filters have been moved up from below the table to provide better visibility.

Submit New Query

Advanced Search

Download

Practitioners Found: 15

Practitioner Last Name Search

Status: Enrolled | [All](#)

Reports on File: [Yes](#) | [No](#) | [All](#)

Name	License	Status	Renewal Month	Latest Disclosure
GRIIN, ROGER [Unviewed Disclosure]	Physician (MD) - 21321231 (VA)	Enrolled	12/2013	12/16/2012
JAMESON, JOHN [Unviewed Disclosure]	Nurse Practitioner - 1ABC23 (VA)	Enrolled	11/2013	12/16/2012
DOE, JOHN	Osteopathic Physician (DO) - 98765 (VA)	Enrolled	12/2013	
IDAHO, SAM	Nurse Practitioner - 453231123 (VA)	Enrolled	12/2013	
JONES, IRVIN	Osteopathic Physician (DO) - 24454345 (VA)	Enrolled	12/2013	01/03/2012
ROE, JANE	Nurse Practitioner - 89894 (VA)	Enrolled	12/2013	01/23/2012
STEVENSON, STEVE	Nurse Practitioner - 4357 (VA)	Enrolled	12/2013	04/04/2012
TENNESSEE, TOBY	Nurse Practitioner - N444 (VA)	Enrolled	12/2013	01/03/2012
UTAH, JOHN	Registered (Professional) Nurse - LN987 (VA)	Enrolled	12/2013	
VICTORIA, JANE	Physician (MD) - 22545 (VA)	Enrolled	12/2013	
VIRGINIA, VALERIE	Osteopathic Physician (DO) - DO3333 (VA)	Enrolled	12/2013	01/03/2012

All practitioners are listed, and any practitioner with an unviewed disclosure will be listed first.

Users stated that the primary license was the most useful item besides the name to identify a practitioner so it has been added to the table.

Return to Options

Related Query Response

Manage Practitioners - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

MANAGE PRACTITIONERS

the DataBank
NATIONAL PRACTITIONER

Click a practitioner name to view the practitioner detail screen. From there you may view practitioner information, update the practitioner, cancel the enrollment, and view the practitioner's reports.

Practitioners Found: 15

Practitioner Last Name Status: [Enrolled](#) | [All](#) Reports on File: [Yes](#) | [No](#) | [All](#)

Name	License	Status	Renewal Month	Latest Disclosure
GRIIN, ROGER [Unviewed Disclosure]	Physician (MD) - 21321231 (VA)	Enrolled	12/2013	12/16/2012
JAMESON, JOHN [Unviewed Disclosure]	Nurse Practitioner - 1ABC23 (VA)	Enrolled	11/2013	12/16/2012
DOE, JOHN	Osteopathic Physician (DO) - 98765 (VA)	Enrolled	12/2013	
IDAHO, SAM	Nurse Practitioner - 453231123 (VA)	Enrolled	12/2013	
JONES, IRVIN	Osteopathic Physician (DO) - 24454345 (VA)	Enrolled	12/2013	01/03/2012
ROE, JANE	Nurse Practitioner - 89894 (VA)	Enrolled	12/2013	01/23/2012
STEVENSON, STEVE	Nurse Practitioner - 4357 (VA)	Enrolled	12/2013	04/04/2012
TENNESSEE, TOBY	Nurse Practitioner - N444 (VA)	Enrolled	12/2013	01/03/2012
UTAH, JOHN	Registered (Professional) Nurse - LN987 (VA)	Enrolled	12/2013	
VICTORIA, JANE	Physician (MD) - 22545 (VA)	Enrolled	12/2013	
VIRGINIA, VALERIE	Osteopathic Physician (DO) - DO3333 (VA)	Enrolled	12/2013	01/03/2012

Related Query Response

Practitioner D
Entity: GENERAL

PRACTITIONER D

GRIN, ROGER | License: Physician (MD) - 21321331 (VA) | Enrolled Since 10/01/2012

[Download All Reports](#)

VIRGINIA STATE BOARD OF USABILITY TESTING
State Licensure Action
Basis for Action: - Failure to maintain proper records
- Writing improper prescriptions

Initial Action:	- PROBATION OF LICENSE	Date of Action: 10/01/2009
DCN:	5500434567999900	
Subsequent Action:	- SUSPENSION OF LICENSE	Date of Action: 04/06/2010
DCN:	5500238393556677	
Subsequent Action: (Unviewed)	- LICENSE RESTORED OR REINSTATED, COMPLETE	Date of Action: 12/16/2012
DCN:	5500434656546799	

MARYLAND STATE BOARD OF USABILITY TESTING
State Licensure Action
Basis for Action: - Writing improper prescriptions

Initial Action:	- REPRIMAND OR CENSURE
DCN:	5511223344556677

Do you think your response is missing an action that should have been reported? If so please visit the

Callout 1: Users stated that report information was the most important item on this screen, so this section now appears at the top.

Callout 2: Screen has been updated to use the Action-Based view. The user can see the new disclosure in the context of the practitioner's other actions.

Callout 3: New report is highlighted and marked as unviewed.

Related Query Response

Practitioner Details - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

PRACTITIONER DETAILS



GRIIN, ROGER | License: Physician (MD) - 21321331 (VA) | Enrolled Since 12/2012

[Download All Reports](#)

VIRGINIA STATE BOARD OF USABILITY TESTING
 State Licensure Action
 Basis for Action: - Failure to maintain proper records
 - Writing improper prescriptions

	Initial Action:	- PROBATION OF LICENSE	Date of Action: 10/01/2009
	DCN:	5500434567999900	
	Subsequent Action:	- SUSPENSION OF LICENSE	Date of Action: 04/06/2010
	DCN:	5500238393556677	
	Subsequent Action: (Unviewed)	- LICENSE RESTORED OR REINSTATED, COMPLETE	Date of Action: 12/16/2012
	DCN:	5500434656546799	

MARYLAND STATE BOARD OF USABILITY TESTING
 State Licensure Action
 Basis for Action: - Writing improper prescriptions

	Initial Action:	- REPRIMAND OR CENSURE	Date of Action: 03/01/2012
	DCN:	5511223344556677	

Do you think your response is missing an action that should have been reported? If so please visit the

Related Query Response

Practitioner Details - Windows Internet Explorer

Do you think your response is missing an action that should have been reported? If so please visit the [Reporting Compliance](#) page for more information.

Enrollment:

NPDB Enrollment Status: Enrolled

NPDB Enrollment Dates: 12/15/2012 - 12/30/2013*

Last Activity Date: 12/16/2012

* Unless enrollment is canceled by the entity prior to this date

[View Enrollment Confirmation](#) [Cancel Enrollment](#)

Entity Subject ID:	6600000011259067
Gender:	MALE
Date of Birth:	03/21/1948
Department:	
Work Address:	3004 85TH ST E, INNER GROVE HEIGHTS, VA 55118
Home Address:	91234 WALNUT ST E, INNER GROVE HEIGHTS, VA 55118
Social Security Numbers (SSN):	
Primary State Licensure:	21321331, VA PHYSICIAN (MD)

[View Details](#) [Update Subject](#)

[Return to Previous Page](#) [Return to Options](#)

Practitioner information has been moved to the bottom.

Related Query Response

Practitioner Details - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

PRACTITIONER DETAILS

the DataBank
NATIONAL PRACTITIONER

GRIIN, ROGER | License: Physician (MD) - 21321331 (VA) | Enrolled Since 12/2012

[Download All Reports](#)

VIRGINIA STATE BOARD OF USABILITY TESTING

State Licensure Action
Basis for Action: - Failure to maintain proper records
- Writing improper prescriptions

 Initial Action:	- PROBATION OF LICENSE	Date of Action: 10/01/2009
DCN:	5500434567999900	
 Subsequent Action:	- SUSPENSION OF LICENSE	Date of Action: 04/06/2010
DCN:	5500238393556677	
 Subsequent Action: (Unviewed)	- LICENSE RESTORED OR REINSTATED, COMPLETE	Date of Action: 12/16/2012
DCN:	5500434656546799	

MARYLAND STATE BOARD OF USABILITY TESTING

State Licensure Action
Basis for Action: - Writing improper prescriptions

 Initial Action:	- REPRIMAND OR CENSURE	Date of Action: 03/01/2012
DCN:	5511223344556677	

Do you think your response is missing an action that should have been reported? If so please visit the

Related Query Response

View Disclosure - Windows Internet Explorer

Entity: GENERAL HOSPITAL (FAIRFAX, VA) | User: JohnSmith [Sign Out](#)

VIEW DISCLOSURE **the DataBank**
NATIONAL PRACTITIONER

GRIN, ROGER | License: Physician (MD) - 21321331 (VA) | Enrolled Since 12/2012

Disclosure Notice [Show](#)

[Save File to Your Computer](#)

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

DCN: 5500434656546799
Process Date: 12/16/2012
Page: 1 of 2
GRIN, ROGER
For authorized use by:
GENERAL HOSPITAL

GRIN, ROGER

VIRGINIA STATE BOARD OF USABILITY TESTING

REVISION OF STATE LICENSURE ACTION Date of Action: 12/16/2012

Subsequent Action	Basis for Initial Action
- License Restored or Reinstated, Complete	- Failure to Maintain Proper Records - Writing Improper Prescriptions

This action has related reports:

Initial Action: - Probation of License	Date of Action: 10/01/2009	DCN: 5500238393556670
Subsequent Action: Suspension of License	Date of Action: 04/06/2010	DCN: 5500238393556670

Related Query Response

One-Time Query Response

Related Query Response

C:\Response.pdf - Windows Internet Explorer

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

DCN: 7910000074121077
 Process Date: 12/15/2012
 Page: 1 of 1
 SMITH, SALLY
 For authorized use by:
 GENERAL HOSPITAL

SMITH, SALLY- QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	SMITH, SALLY		
Other Name(s) Used:	SMITHERS, SALLY		
Date of Birth:	01/16/1972	Gender:	FEMALE
Social Security Number:	***-**-0036	Entity Subject ID Number:	7600000024982296
Work Address	3004 85TH ST E, INNER GROVE HEIGHTS, MN ,55118		
Home Address	91234 WALNUT ST E, INNER GROVE HEIGHTS, MN, 55118		
License:	REGISTERED (PROFESSIONAL) NURSE - LN1000057, MN		

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.

Authorized Submitter: JOHN SMITH, MANAGER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/15/2012

The following report types have been searched:			
Medical Malpractice Payment Report:	No Reports	Health Plan Action:	No Reports
State Licensure Action:	Yes, See Below	Professional Society Action:	No Reports
Exclusion or Debarment Action:	No Reports	DEA/Federal Licensure Action:	No Reports
Government Administrative Action:	No Reports	Judgment or Conviction Report:	No Reports
Clinical Privileges Action:	No Reports	Peer Review Organization Action:	No Reports

VIRGINIA STATE BOARD OF USABILITY TESTING

Since this is a one-time query, Section B includes a note regarding the requirement to re-query to retrieve future reports.

System Enhancement

Questions

Agenda

- ▶ System Enhancements
 - Report Maintenance
 - Related Query Responses

▶ System Security

System Security Approach

- ▶ Continuously monitoring the universe of security threats and vulnerabilities
- ▶ Determine the probability and severity of each threat to assess risk to the Data Bank
- ▶ Identify and implement appropriate action to mitigate risks

Information Security Principles

▶ Confidentiality

- Prevent the disclosure of information to unauthorized individuals

▶ Integrity

- The information is genuine
- Information is protected from unauthorized modification
- The parties exchanging the information are who they claim they are

▶ Availability

- Information must be available when it is needed

Security Requirements

- ▶ Data Bank required to comply with various regulations
 - Federal Information Security Management Act (FISMA)
 - Federal Information Processing Standards (FIPS)
 - National Institute of Standards and Technology (NIST)
 - Office of Management and Budget (OMB)
 - Health and Human Services (HHS) and Health Resources and Services Administration (HRSA) policies
 - Payment Card Industry Data Security Standard (PCI-DSS)

- ▶ Focused on information security best practices

Security Activities

▶ Annual Security Review

- Technical vulnerability assessment conducted by independent review
- Verify security controls comply with security regulations and policies
- Federal Government continuously enhances security requirements and guidance

▶ Authorization

- Required every 3 years
- Additional independent assessments
- Grants authorization to operate and maintain the system

Rules of Behavior

- ▶ All Data Bank users must agree to comply with the Rules of Behavior
- ▶ System is property of U.S. Department of Health and Human Services, Health Resources and Services Administration
- ▶ Users are responsible and accountable for protecting user ID and password
- ▶ Information is confidential and shall not be disclosed except as specified in regulations

Rules of Behavior

- ▶ Users agree to have activities monitored while using the system
- ▶ Violations may result in denial of system access, administrative, civil, or criminal penalties
- ▶ All individuals must acknowledge prior to accessing the Data Bank system
- ▶ Users must acknowledge the Rules of Behavior annually
- ▶ Available for reference within Informational Web Site

Personally Identifiable Information

- ▶ Information that uniquely identifies an individual
 - Name
 - SSN
 - Date of birth
 - Mailing address
 - Email address
 - Financial information
 - Telephone number

Primary Technical Security Controls

- ▶ All sensitive data is encrypted in the database
 - All passwords are hashed (one-way encryption)
 - Personally identifiable information (name, SSN, DOB)
 - Financial data (credit card numbers, bank account and routing numbers)

- ▶ All communications with the database are encrypted

- ▶ All laptops, desktops, server hard disks are encrypted

Protecting Sensitive Information

- ▶ Sensitive data never stored on mobile devices unless encrypted (CDs, thumb drives)
- ▶ Sensitive data never emailed/faxed unless encrypted
- ▶ Cross-cut shred printed information
- ▶ Documents mailed in a safety-sealed envelopes labeled “Confidential Information To Be Opened by Addressee Only”
- ▶ Implement best practices, not just minimum requirements

Security – Your Role

- ▶ Protect sensitive information in your environment

- ▶ When you query or report, provide as much information about the practitioner as possible
 - Increases accuracy of responses

- ▶ Delete user accounts when staff leave your organization

- ▶ Do not share user accounts
 - Each individual is accountable for their actions
 - Compromised accounts must be deleted

Security – Your Role

- ▶ Remove practitioners from your subject databases when they leave your organization
- ▶ Do not include patient names in report narratives (HIPAA requirement)
- ▶ Utilize antivirus software and keep signatures up to date
- ▶ Apply latest desktop patches and keep automatic patch updates on at all times
- ▶ Apply patch updates to desktop software such as Internet Explorer, Adobe, and Firefox

Recent Enhancements

- ▶ IQRS Secure Messaging

- ▶ Online Document Delivery

Data Bank Security

Questions