
Entity: AB HEALTH PLAN (ASHBURN, NV) | User: adminuser1
Sign Out
HEALTH PLAN ACTION: INITIAL REPORT
NATIONAL PRACTITIONER DATA BANK
NPDB
Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy
1. Subject
Public Burden Statement
OMB Number: 0915-0126 Expiration Date: XX/XX/20XX
Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.
Close
Practitioner's Address

HEALTH PLAN ACTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Need Help ?

Personal Information

Last Name SMITH **First Name** JOHN **Middle Name** **Suffix (Jr, III)**

+ Additional name (e.g., maiden name)

Gender
○ Male ○ Female ○ Unknown

Birthdate
MM / DD / YYYY

Is this person deceased?
○ No ◉ Yes ○ Unknown

Date of Death
MM / DD / YYYY

Practitioner's Address

Type of Address
If the home address is not known, enter a work address.

Home Address/Address of Record

Country United States

Address Entering a military address?

Address Line 2

City **State** CHOOSE ONE FROM LIST

ZIP

Work Information
☐ Use our information as the practitioner's work information.

Organization Name

Organization Type

Work Address

Country United States

Address Entering a military address?

Address Line 2

City **State** CHOOSE ONE FROM LIST

ZIP

Profession and Licensure

Against which license or certification was the action taken?

Profession or Field of Licensure **Description (Optional)**

Does the subject have a license for the selected profession or field of licensure?
◉ Yes ○ No/Not sure

State CHOOSE ONE FROM LIST **License Number**

Add any other health care licenses the individual holds
+ Additional license

Professional Schools Attended

Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g., medical school, certification program).

What if the practitioner has not graduated?

Name of School or Institution **Completion Year** YYYY

+ Additional school or institution

Identification Numbers

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

+ Additional SSN or ITIN

NPI (National Provider Identifier)
To help queriers find your report, add the practitioner's NPI number if you know it.

+ Additional NPI

DEA (Drug Enforcement Administration) Number

+ Additional DEA

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

FEIN (Federal Employer Identification Number)

+ Additional FEIN

UPIN (Unique Physician Identification Number)

+ Additional UPIN

Health Care Entity Affiliation

☑ Is the practitioner affiliated with a health care entity?

Type of Affiliation CHOOSE ONE FROM LIST

Entity Name

Country United States

Address Entering a military address?

Address Line 2

City **State** CHOOSE ONE FROM LIST

ZIP

+ Additional Affiliate

☐ Add this subject to my subject database
What is a subject database?

Save and finish later Continue

2. Action Information

3. Certifier Information

Return to Options

What type of license are you reporting?

Search

Recently Used

- Occupational Therapist

Behavioral Health Occupations

- Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

Psychologist/Psychological Assistant

- Psychologist
- Psychologist - CERTIFIED

Rehabilitative, Respiratory and Restorative Service Practitioner

- Occupational Therapist
- Occupational Therapy Assistant
- Physical Therapist
- Physical Therapy Assistant

Health Care Facility Administrator

- Health Care Facility Administrator

Report a different license

HEALTH PLAN ACTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK NPDB

1. Subject Information — Edit

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions Find an Action

- ☐ Contract Termination (1920)
- ☐ Suspension of Contract (1930)
- ☐ Contract Restriction (1931)
- ☐ Administrative Fine/Monetary Penalty (1932)
- ☐ Employment Termination (1941)
- ☐ Employment Suspension (1942)
- ☐ Denial of Initial Contract Application (1951)
- ☐ Denial of Contract Renewal (1952)
- ☑ Other Health Plan Action, Specify (1989)

Selected Action(s): 1 Clear All

- Other Health Plan Action, Specify (1989)

Basis for Action(s)

Other - Not Classified, Specify

Description

+ Additional basis for action

Adverse Action Information

What is the name of the agency or program that took the action?

☐ Our agency took the action

Test Entity

Date the action was taken

The date the decision for the action was issued, filed or signed.

MM / DD / YYYY

Date the action went into effect

The starting date for the action. This may be the same as the action was taken or it may be different.

MM / DD / YYYY

How long will it remain in effect?

◉ A specific period of time ○ Permanently ○ Unknown/Indefinite

Years Months Days

Is reinstatement automatic after this period of time?

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

Total monetary penalty, assessment, restitution or fine

$ 00000.00

Is the action on appeal?

○ No ◉ Yes ○ Unknown

Date of Appeal

MM / DD / YYYY

Describe the subject's acts or omissions that caused the action to be taken.

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your narrative description helps querying organizations understand more about the action and why it was taken.

There are **4000** characters remaining for the description.

Spell Check

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later Continue

3. Certifier Information

Return to Options

Select a Basis for Action

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

Search

Non-Compliance With Requirements

- Clinical privileges restricted, suspended or revoked by another hospital or health care facility
- Debarment from federal or state program
- Default on Health Education Loan or Scholarship Obligations
- Exclusion or Suspension from a federal or state health care program
- Failure to maintain or provide adequate or accurate medical records, financial records, or other required information
- Failure to perform contractual obligations
- Failure to repay overpayment
- Practicing without a valid license

Don't see what you're looking for?

HEALTH PLAN ACTION: INITIAL REPORT

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NPDB

1. Subject Information Edit

2. Action Information Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information Edit

Subject Name:	SMITH, JOHN
Other Name(s) Used:	*None/NA*
Gender:	UNKNOWN
Date of Birth:	01/01/1960
Organization Name:	*None/NA*
Work Address:	*None/NA*
City, State, ZIP:	*None/NA*
Organization Type:	*None/NA*
Home Address:	5 ANDREA DR
City, State, ZIP:	VERNON, NJ 07462-3470
Deceased:	UNKNOWN
Federal Employer Identification Numbers (FEIN):	*None/NA*
Social Security Numbers (SSN):	***-**-6666
Individual Taxpayer Identification Numbers (ITIN):	*None/NA*
National Provider Identifiers (NPI):	*None/NA*
Professional School(s) & Year(s) of Graduation:	UNIVERSITY (2000)
Occupation/Field of Licensure:	REGISTERED NURSE
State License Number, State of Licensure:	11111, KY
Drug Enforcement Administration (DEA) Numbers:	*None/NA*
Unique Physician Identification Numbers (UPIN):	*None/NA*
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	*None/NA*
Business Address of Affiliate:	*None/NA*
City, State, ZIP:	*None/NA*
Nature of Relationship(s):	*None/NA*

Action Information Edit

Type of Adverse Action:	HEALTH PLAN ACTION
Basis for Action:	FAILURE TO COMPLY WITH CORRECTIVE ACTION PLAN (AA)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST ENTITY
Adverse Action Classification Code(s):	SUSPENSION OF CONTRACT (1930)
Date Action Was Taken:	03/01/2020
Date Action Became Effective:	03/01/2020
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	*None/NA*
Is the subject automatically reinstated after the adverse action period is completed?:	*None/NA*
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:	Test narrative
Is the action on appeal?:	YES
Date of Appeal:	*None/NA*

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

BUD SPOT

Authorized Submitter's Title

ADMIN

Authorized Submitter's Phone **Ext.**

11234561234

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

Save and finish later Submit

Return to Options

HEALTH PLAN ACTION: INITIAL REPORT

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NPDB

Public Burden Statement

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

1. Subject

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Country

United States

HEALTH PLAN ACTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK NPDB

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Need Help ?

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).
- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

TEST ORGANIZATION

+ Additional name

Organization Type

999 Other Type - Not Classified, Specify

Organization Description

Location Address

Enter the physical address for this location.

Country

United States

Address Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

Principal Officers and Owners

Title

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

+ Additional principal officer or owner

Identification Numbers

NPI (National Provider Identifier)

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

+ Additional NPI

FEIN (Federal Employer Identification Number)

+ Additional FEIN

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

+ Additional SSN or ITIN

DEA (Drug Enforcement Administration) Number

+ Additional DEA

MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

☑ Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

Organization State Licensure Information

License 1

Does the organization have a license?

◉ Yes ○ No/Not sure

License Number **State**

CHOOSE ONE FROM LIST

+ Additional license

Health Care Entity Affiliation

☑ Is the organization affiliated with a health care entity?

Type of Affiliation

CHOOSE ONE FROM LIST

Entity Name

Country

United States

Address Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

+ Additional Affiliate

☐ Add this subject to my subject database

What is a subject database?

Save and finish later Continue

2. Action Information

3. Certifier Information

Return to Options

HEALTH PLAN ACTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

1. Subject Information — Edit

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- ☐ Contract Termination (3920)
- ☐ Suspension of Contract (3930)
- ☐ Administrative Fine/Monetary Penalty (3932)
- ☐ Denial of Initial Contract Application (3951)
- ☐ Denial of Contract Renewal (3952)
- ☑ Other Health Plan Action, Specify (3989)

Selected Action(s): 1 Clear All

- Other Health Plan Action, Specify (3989)

Basis for Action(s)

Other - Not Classified, Specify

Description

+ Additional basis for action

Adverse Action Information

What is the name of the agency or program that took the action?

Date the action was taken

The date the decision for the action was issued, filed or signed.

MM / DD / YYYY

Date the action went into effect

The starting date for the action. This may be the same as the action was taken or it may be different.

MM / DD / YYYY

How long will it remain in effect?

◉ A specific period of time ○ Permanently ○ Unknown/Indefinite

Years Months Days

Is reinstatement automatic after this period of time?

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

Total monetary penalty, assessment, restitution or fine

$ 00000.00

Is the action on appeal?

○ No ◉ Yes ○ Unknown

Date of Appeal

MM / DD / YYYY

Describe the subject's acts or omissions that caused the action to be taken.

Do not include any personally identifiable information, such as names.

Your narrative description helps querying organizations understand more about the action and why it was taken.

There are **4000** characters remaining for the description.

Spell Check

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later Continue

3. Certifier Information

Return to Options

Select a Basis for Action

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

Search

Non-Compliance With Requirements

- Clinical privileges restricted, suspended or revoked by another hospital or health care facility
- Debarment from federal or state program
- Default on Health Education Loan or Scholarship Obligations
- Exclusion or Suspension from a federal or state health care program
- Failure to maintain or provide adequate or accurate medical records, financial records, or other required information
- Failure to perform contractual obligations
- Failure to repay overpayment
- Practicing without a valid license

Don't see what you're looking for?

HEALTH PLAN ACTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

1. Subject Information Edit

2. Action Information Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information Edit

Organization Name:	TEST ORGANIZATION
Other Organization Name(s) Used:	*None/NA*
Business Address:	5 23RD ST
City, State, ZIP:	CORBIN, KY 77777
Organization Type:	HOME HEALTH AGENCY/ORGANIZATION (393)
Names and Titles of Principal Officers and Owners (POO):	SMITH, JOHN (TEST)
Federal Employer Identification Numbers (FEIN):	*None/NA*
Social Security Numbers (SSN):	***-**-6666
Individual Taxpayer Identification Numbers (ITIN):	*None/NA*
State License Number, State of Licensure:	11111, IN
Drug Enforcement Administration (DEA) Numbers:	*None/NA*
Clinical Laboratory Act (CLIA) Numbers:	*None/NA*
Food and Drug Administration (FDA) Numbers:	*None/NA*
National Provider Identifiers (NPI):	*None/NA*
Medicare Provider/Supplier Numbers:	*None/NA*
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	*None/NA*
Business Address of Affiliate:	*None/NA*
City, State, ZIP:	*None/NA*
Nature of Relationship(s):	*None/NA*

Action Information Edit

Type of Adverse Action:	HEALTH PLAN ACTION
Basis for Action:	FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS (50)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST AGENCY
Adverse Action Classification Code(s):	SUSPENSION OF CONTRACT (3930)
Date Action Was Taken:	03/01/2020
Date Action Became Effective:	03/01/2020
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	*None/NA*
Is the subject automatically reinstated after the adverse action period is completed?:	*None/NA*
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:	Test narrative
Is the action on appeal?:	UNKNOWN

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

BUD SPOT

Authorized Submitter's Title

ADMIN

Authorized Submitter's Phone **Ext.**

11234561234

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

Save and finish later Submit

Return to Options

Non-visible Questions

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

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

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

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address Line 2	Health Plan Action (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
City	Health Plan Action (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
State	Health Plan Action (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
ZIP	Health Plan Action (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Description	Health Plan Action (2)	Below an action requiring a description	Text Entry	The field is displayed if the user selects an action that requires a description.	

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Health Plan Action (2)	Below Basis of Action(s)	Text Entry	The field is displayed if the user selects a basis of action that requires a description.	
Period of time number	Health Plan Action (2)	Below “How long will it remain in effect?”	Text Entry	The field is displayed if the user selects “A specific period of time” option for “How long will it remain in effect?”	Selecting the radio button displays the number text entry and type of time period drop list.
Period of time type	Health Plan Action (2)	Below “How long will it remain in effect?”	Drop List	The field is displayed if the user selects “A specific period of time” option for “How long will it remain in effect?”	Selecting the radio button displays the number text entry and type of time period drop list.
Is reinstatement automatic after this period of time?	Health Plan Action (2)	Below “How long will it remain in effect?”	Radio Buttons	The fields are displayed if the user selects “A specific period of time” for “Is reinstatement automatic after this period of time?	Available options are “No,” “Yes” and “Yes with conditions (Requires a Revision to Action report when status changes)
Date of Appeal	Health Plan Action (2)	Below Is the action on appeal?	Text Entry	The field is displayed if the user selects Yes option for “Is the action on appeal?”	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Health Plan Action	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select a Profession or Field of Licensure	Health Plan Action	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Health Plan Action	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Health Plan Action	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Action	Health Plan Action	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.