

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Query Response Session

The following is an example of a "Query Response" from the NPDB System. In this session, we will examine the output of submitting a query on a fictional subject, "Stanley Smith," and review the results of the NPDB query, noting how to quickly and accurately interpret the results and get the most out of the information provided.

the DataBank

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

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

Continuous Query ID: 300000002763332
DCN: 5950000090962000

Process Date: 02/13/2015 Page: 1 of 2

SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: SMITH, STANLEY
Date of Birth: 01/01/1950 Gender: MALE
Other Name(s) Used: SMITH, STAN
Work Address: 987 SIXTH STREET, DES MOINES, IA 50309
Social Security Number: ***-**-1111
License: PHYSICIAN (MD), 55555555, IA

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 02/04/2015 - 02/29/2016 (Unless canceled prior to this date)
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: LICENSING BOARD (DBID ending in ..78)
Authorized Submitter: JANET DOE, SUBMITTER, (301) 301-3011

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/13/2015

The following report types have been searched:

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

DHHS OIG OI

EXCLUSION/DEBARMENT

Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - EXCLUSION FROM A FEDERAL HEALTH CARE PROGRAM Date of Action: 02/02/2015
DCN: 5950000090961972

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - VOLUNTARY SURRENDER OF LICENSE Date of Action: 01/05/2015
DCN: 5950000090961974

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NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Query Response Session

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DCN: 5950000090962000

Process Date: 02/13/2015 Page: 2 of 2

SMITH, STANLEY

For authorized use by:

LICENSING BOARD

LICENSING BOARD

STATE LICENSURE

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action: - SUSPENSION OF LICENSE Date of Action: 12/24/2014
DCN: 5950000090961970

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES Date of Action: 07/04/2014
DCN: 5950000090961971

MEDICAL MALPRACTICE INSURANCE, INC.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT Date of Action: 08/15/2012
DCN: 5950000090961973

LICENSING BOARD

STATE LICENSURE

Basis for Action: - ALLOWING OR AIDING UNLICENSED PRACTICE

Initial Action: - PROBATION OF LICENSE Date of Action: 06/12/2008
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY
DCN: 5950000090961996

Subsequent Action: - PROBATION OF LICENSE Date of Action: 01/25/2009
DCN: 5950000090961997

Subsequent Action: - LICENSE RESTORED OR REINSTATED, COMPLETE Date of Action: 04/25/2009
DCN: 5950000090961998

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

NPDB Spring 2015 Education Forum Query Response Session

April 7, 2015

U.S. Department of Health and Human Services
Health Resources and Services Administration

Bureau of Health Workforce

Division of Practitioner Data Bank



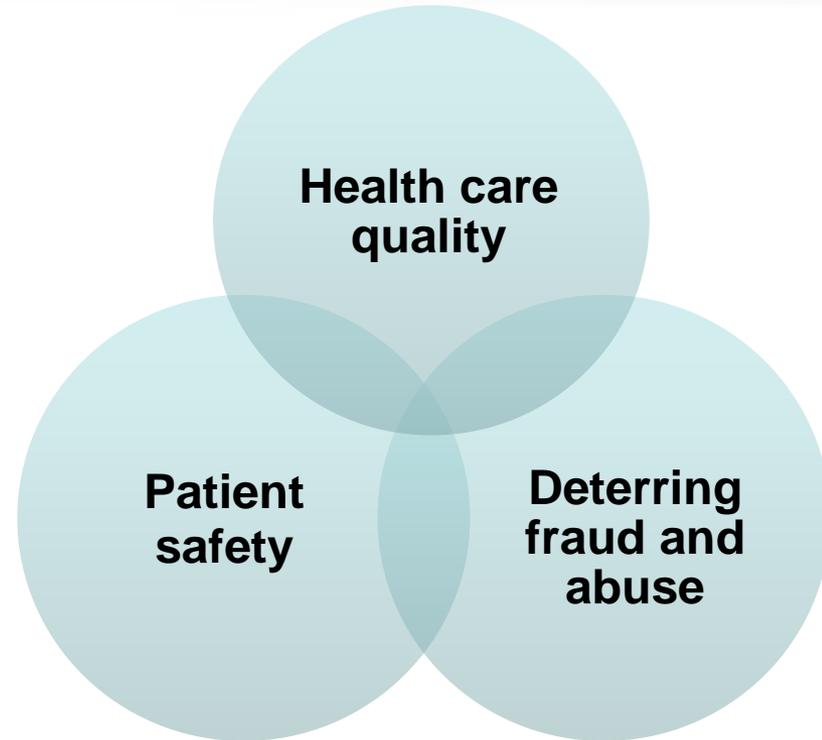
Agenda

- ▶ Overview of Querying the NPDB
- ▶ Reviewing a Query Response

The Basics

Federal law dictates reporting to and querying the NPDB

The NPDB reduces risk by providing information to help facilitate good decision-making



Querying and Reporting Overview

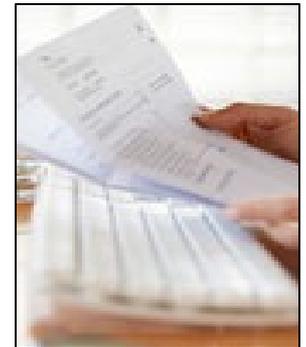
ENTITY TYPE	REPORT	QUERY
Hospitals	✓	✓
Health plans	✓	+
Other health care entities with formal peer review	✓	+
State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners	✓	+
State agencies administering or supervising state health care programs	✓	+
State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)	✓	+
Federal licensing and certification agencies	✓	+
Agencies administering federal health care programs, including private entities administering such programs under contract	✓	+
Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)	✓	+
Medical malpractice payers	✓	✗
Professional societies with formal peer review	✓	+
Peer review organizations (excluding quality improvement organizations)	✓	✗
Private accreditation organizations	✓	✗
Quality improvement organizations	✗	+
Individual practitioners, providers, and suppliers (self-query only)	✗	+

 Required
  Not Authorized
  Optional

General Provisions

Types of Transactions

- Reporting (no charge)
- Querying (by hospitals and health care organizations)
 - \$3 for a one-year continuous query subscription
 - \$3 for a one-time query
 - Fees lowered October 1, 2014
- Self-Query (by an individual or organization)
 - \$5
 - Fee lowered October 1, 2014

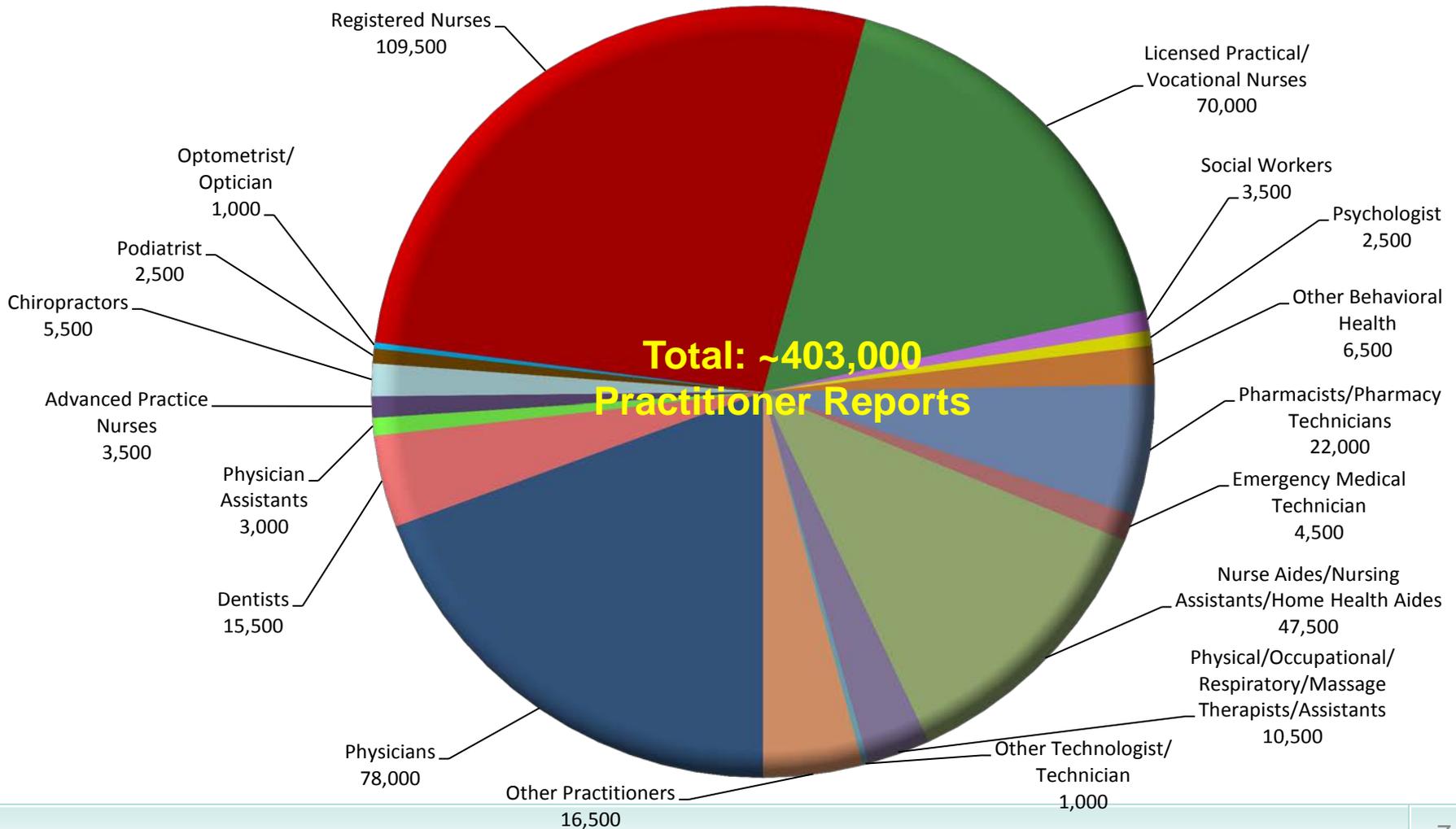


Who Can Be Reported?

- Physicians and dentists
- Other practitioners
- Providers
- Suppliers
- Health care entities

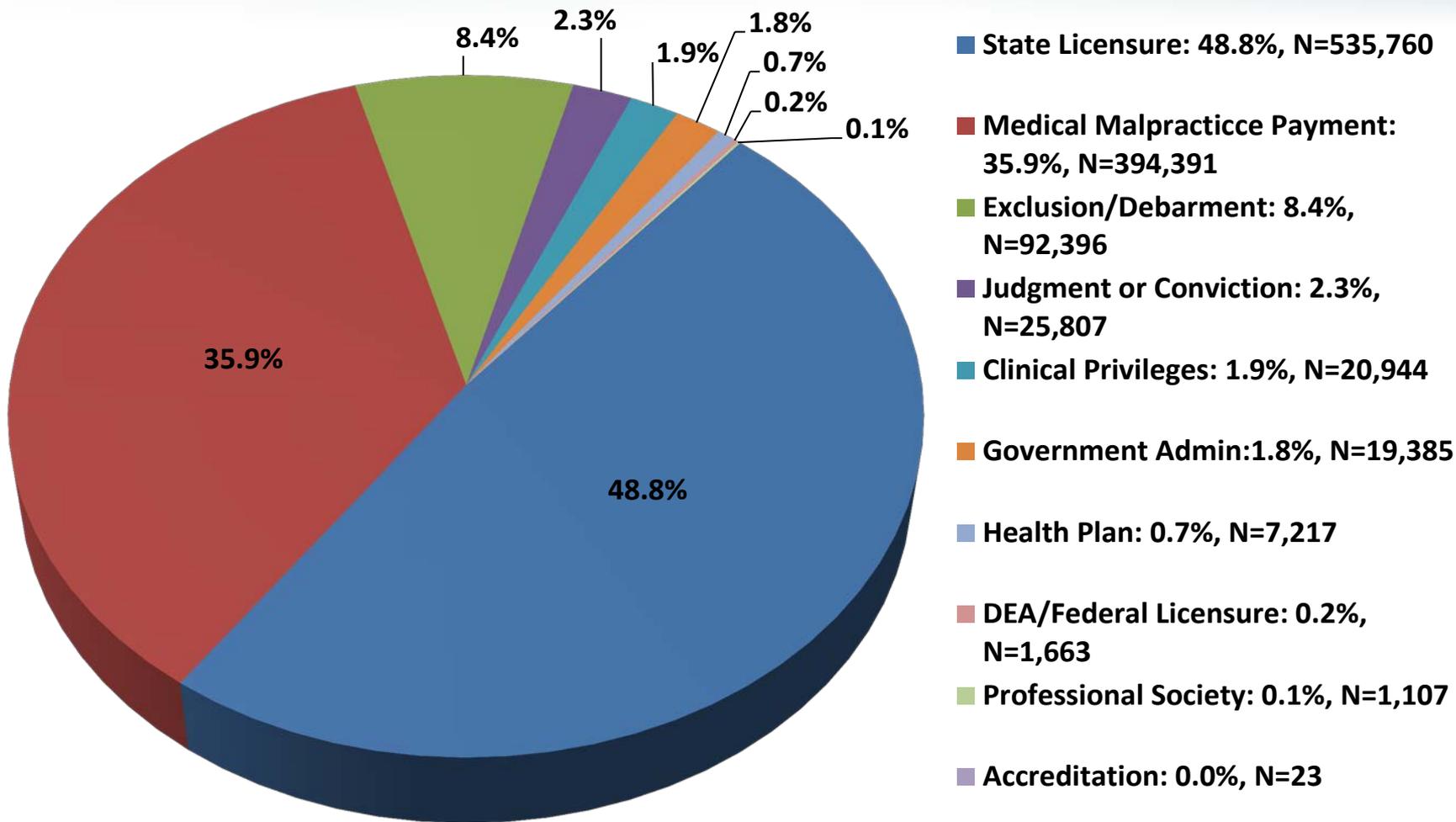
Report Subjects

Approximate Number of New NPDB Reports Submitted On Practitioners From 2010 – 2013 by Profession



Reports in the NPDB

NPDB Reports by Type (N=1,098,693)



NPDB Reports from September 1, 1990 through December 31, 2013(2014Q2 Internal Analysis File (IAF))

What's next?

Query Response Review

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Query Response Cover Page

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Data Bank Control Number identifies the query response

Date that query response was generated by the system

Continuous Query ID: 300000002763332
DCN: 5950000090962000

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SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY - CONTINUOUS QUERY RESPONSE

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Work Address: 987 SIXTH STREET, DES MOINES, IA 50309
Social Security Number: ***-**-1111
License: PHYSICIAN (MD), 55555555, IA

Practitioner's information;
Subject of the query

Enrollment and
submitter
information

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 02/04/2015 - 02/29/2016 (Unless canceled prior to this date)
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: LICENSING BOARD (DBID ending in ...78)
Authorized Submitter: JANET DOE, SUBMITTER, (301) 301-3011

Subscription expires on the last day of
the same month of the following year

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/13/2015

The following report types have been searched:

10 report types

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

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/13/2015 (continued)

Most recent "Date of Action" will appear first.

1st report

DHHS OIG OI
EXCLUSION/DEBARMENT
 Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action:	- EXCLUSION FROM A FEDERAL HEALTH CARE PROGRAM	Date of Action:	02/02/2015
DCN:	5950000090961972		

2nd report

DRUG ENFORCEMENT ADMINISTRATION
DEA/FEDERAL LICENSURE
 Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action:	- VOLUNTARY SURRENDER OF LICENSE	Date of Action:	01/05/2015
DCN:	5950000090961974		

3rd report

LICENSING BOARD State Licensing Board - 2014 incident.
STATE LICENSURE
 Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

Initial Action:	- SUSPENSION OF LICENSE	Date of Action:	12/24/2014
DCN:	5950000090961970		

4th report

NEW ENGLAND CHILDRENS HOSPITAL
TITLE IV CLINICAL PRIVILEGES
 Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	Date of Action:	07/04/2014
DCN:	5950000090961971		

5th report

MEDICAL MALPRACTICE INSURANCE, INC.
MEDICAL MALPRACTICE PAYMENT
 Basis for Action: - FAILURE TO DIAGNOSE

Initial Action:	- SETTLEMENT	Date of Action:	08/15/2012
DCN:	5950000090961973		

6th report

LICENSING BOARD State Licensing Board - 2008 incident and subsequent actions.
STATE LICENSURE
 Basis for Action: - ALLOWING OR AIDING UNLICENSED PRACTICE

Initial Action:	- PROBATION OF LICENSE	Date of Action:	06/12/2008
DCN:	- PUBLICLY AVAILABLE FINE/MONETARY PENALTY 5950000090961996		

7th report

Subsequent Action:	- PROBATION OF LICENSE	Date of Action:	01/25/2009
DCN:	5950000090961997		

8th report

Subsequent Action:	- LICENSE RESTORED OR REINSTATED, COMPLETE	Date of Action:	04/25/2009
DCN:	5950000090961998		

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

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/13/2015 (continued)

Name of the entity that took the action

Type of action taken

DHHS OIG OI

EXCLUSION/DEBARMENT

Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - EXCLUSION FROM A FEDERAL HEALTH CARE PROGRAM

Date of Action: 02/02/2015

DCN: 5950000090881972

by the reporting entity.

Date the reporting entity took this action

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/13/2015 (continued)

Related reports

LICENSING BOARD		
STATE LICENSURE		
Basis for Action: - ALLOWING OR AIDING UNLICENSED PRACTICE		
→ Initial Action:	- PROBATION OF LICENSE - PUBLICLY AVAILABLE FINE/MONETARY PENALTY	Date of Action: 08/12/2008
DCN:	5950000090981996	
→ Subsequent Action:	- PROBATION OF LICENSE	Date of Action: 01/25/2009
DCN:	5950000090981997	
→ Subsequent Action:	- LICENSE RESTORED OR REINSTATED, COMPLETE	Date of Action: 04/25/2009
DCN:	5950000090981998	

Set of related reports from State Licensing Board are grouped together. The sequence of events trigger related reports.

Revision-to-Action describes an action that relates to and modifies a previously-reported adverse action. It is treated as a second and separate action but does not replace the action previously reported.

Examples include:

- Additional sanctions have been taken against the subject of a report based on a previously reported incident
- Length of action has been extended or reduced
- Clinical privileges, professional society membership, accreditation, program participation, or a license has been reinstated
- Original suspension or probationary period has ended

First Report – DHHS OIG OI (Page 1)

Data Bank Control Number identifies the report

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Date of report submission

DCN: 5950000090961972
Process Date: 02/02/2015
Page: 1 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

Type of Adverse Action

SMITH, STANLEY

DHHS OIG OI

EXCLUSION/DEBARMENT ACTION

Date of Action: 02/02/2015

Initial Action

Basis for Initial Action

- EXCLUSION FROM A FEDERAL HEALTH CARE PROGRAM

- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Adverse Action Classification Code

A. REPORTING ENTITY

Entity Name: DHHS OIG OI
Address: 330 INDEPENDENCE AVE SW
ROOM 2400 (SWITZER BLDG)
City, State, Zip: WASHINGTON, DC 20201
Country:
Name or Office: Jane Dough
Title or Department: Administrative Sanctions Officer
Telephone: (333) 333-3333
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used:
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address: 678 NINTH STREET
City, State, ZIP: DES MOINES, IA 50309
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1111
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 9999999999
Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 55555555, IA
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 666666, TN
Drug Enforcement Administration (DEA) Numbers: AA1234567
BB1234567
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:

Submit as many data elements on the subject as possible to ensure a timely and accurate response.

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First Report – DHHS OIG OI (Page 2)

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DCN: 5950000090961972
Process Date: 02/02/2015
Page: 2 of 3
SMITH, STANLEY
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LICENSING BOARD

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: EXCLUSION/DEBARMENT
Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)

Name of Agency or Program That Took the Adverse Action Specified in This Report: OPM OFFICE OF INSPECTOR GENERAL

Adverse Action Classification Code(s): EXCLUSION FROM A FEDERAL HEALTH CARE PROGRAM (1505)
Date Action Was Taken: 02/02/2015
Date Action Became Effective: 02/02/2015
Length of Action: INDEFINITE

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: PRACTITIONER'S MEDICAL LICENSE WAS SUSPENDED BY THE IOWA BOARD OF MEDICAL HEALTH FOR REASONS RELATED TO PRACTITIONER'S PROFESSIONAL COMPETENCE, PERFORMANCE OR FINANCIAL INTEGRITY.

Narrative Description

If "YES" reporting entity does not need to submit a Revision-to-Action Report.

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.

Limited to statements of fact and should:

- Summarize the official findings or state the facts of the case
- Include a description of the circumstances that led to the action taken

E. REPORT STATUS

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

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/02/2015
Date of Most Recent Change: 02/02/2015

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First Report – DHHS OIG OI (Page 3)

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Page: 3 of 3
SMITH, STANLEY
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LICENSING BOARD

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 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

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Second Report – Drug Enforcement Administration (Page 1)

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SMITH, STANLEY
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SMITH, STANLEY

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE ACTION

Date of Action: 01/05/2015

Initial Action

Basis for Initial Action

- VOLUNTARY SURRENDER OF LICENSE

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: DRUG ENFORCEMENT ADMINISTRATION
Address: 2660 FRITTS KING SE
City, State, Zip: ALBUQUERQUE, NM 87106-5615
Country:
Name or Office: Federal Licensing
Title or Department: Controlled Substance Certification
Telephone: (555) 555-5555
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address:
City, State, ZIP:

Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1111
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 55555555, IA
Specialty: OBSTETRICS & GYNECOLOGY
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 666666, TN
Specialty: OBSTETRICS & GYNECOLOGY
Drug Enforcement Administration (DEA) Numbers: AA1234567
BB1234567

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:

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Second Report – Drug Enforcement Administration (Page 2)

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For authorized use by:
LICENSING BOARD

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: DEA/FEDERAL LICENSURE
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified in This Report: DRUG ENFORCEMENT ADMINISTRATION
Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF LICENSE (1145)
Date Action Was Taken: 01/05/2015
Date Action Became Effective: 01/05/2015
Length of Action: SPECIFIC PERIOD
Years: 5
Months:
Days:
Total Amount of Monetary Penalty, Assessment and/or Restitution:
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: VOLUNTARILY SURRENDERED DEA REGISTRATION BASED ON INVESTIGATION

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.

Practitioner may add facts and information to support his position at any time. It becomes a part of the report until the practitioner edits or removes it. The statement is sent to the reporting organization and all queriers who received a copy of the report in the last 3 years, and is included in future queries.

E. REPORT STATUS

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

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END OF REPORT

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Third Report – Licensing Board (Page 1)

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DCN: 5950000090961970
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Page: 1 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY

LICENSING BOARD

STATE LICENSURE ACTION

Date of Action: 12/24/2014

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
Address: 123 CEDAR LANE
City, State, Zip: ROCKVILLE, MD 20857-0001
Country:
Name or Office: JANET DOE
Title or Department: BOARD OFFICIAL
Telephone: (555) 555-5555
Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address:
City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-1111

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 9999999999

Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)

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

State License Number, State of Licensure: 55555555, IA

Specialty: OBSTETRICS & GYNECOLOGY

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):

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Third Report – Licensing Board (Page 2)

the **DataBank**

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Chantilly, VA 20153-0832

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DCN: 5950000090961970
Process Date: 01/22/2015
Page: 2 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action Specified in This Report: IOWA BOARD OF MEDICAL HEALTH

Adverse Action Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 12/24/2014

Date Action Became Effective: 12/24/2014

Length of Action: INDEFINITE

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

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

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

ON JULY 4, 2014, OH MY HOSPITAL SUSPENDED DR.SMITH'S CLINICAL PRIVILEGES FOLLOWING A THREE-YEAR-LONG INVESTIGATION AND SEVERAL APPEALS. THE INVESTIGATION BY THE HOSPITAL MEC WAS PROMPTED BY CASE REVIEWS IN WHICH THREE DELIVERIES HAD UNUSUAL COMPLICATIONS; ONE HYSTERECTOMY REQUIRED FOLLOW-UP SURGERY DUE TO COMPLICATIONS; AND ONE SUPERVISED DELIVERY WAS CONDUCTED BY A NON-QUALIFIED RESIDENT. THE BOARD WAS NOTIFIED IN AUGUST 2014 OF THE HOSPITAL'S ACTIONS, AND BEGAN ITS OWN INVESTIGATION. DR. SMITH REFUSED TO VOLUNTARILY SURRENDER HIS LICENSE, AND, FOLLOWING A HEARING OF THE BOARD ON DECEMBER 24, 2014, THE BOARD SUSPENDED DR. SMITH'S LICENSE INDEFINITELY, PENDING COMPLETION OF SPECIFIED ADDITIONAL EDUCATION AND TRAINING.

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



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

Date of Appeal:

Practitioner has formally appealed the reported adverse action with the entity that took the action.

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.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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Third Report – Licensing Board (Page 3)

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DCN: 5950000090961970
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Page: 3 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

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: 01/22/2015

Date of Most Recent Change: 01/22/2015

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. 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

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Fourth Report – New England Children’s Hospital (Page 1)

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Chantilly, VA 20153-0832

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DCN: 5950000090961971
Process Date: 01/22/2015
Page: 1 of 2
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 07/04/2014

Initial Action

Basis for Initial Action

- REVOCATION OF CLINICAL PRIVILEGES

- SUBSTANDARD OR INADEQUATE CARE

A. REPORTING ENTITY

Entity Name: NEW ENGLAND CHILDRENS HOSPITAL
Address: 582 RIVER RD
City, State, Zip: SPRINGFIELD, MA 01152
Country:
Name or Office: ALBERT MATAR
Title or Department: MEDICAL OFFICES
Telephone: 10101010 101-0101
Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Home Address:
City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 55555555, IA
Drug Enforcement Administration (DEA) Numbers: AA1234567
BB1234567

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):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD OR INADEQUATE CARE (F6)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 07/04/2014
Date Action Became Effective: 07/04/2014
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken

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Fourth Report – New England Children’s Hospital (Page 2)

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DCN: 5950000090961971
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Page: 2 of 2
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

by Reporting Entity: IN SEPTEMBER 2011, FOLLOWING ROUTINE CASE REVIEWS, THE CHAIR OF THE OB/GYN DEPARTMENT DETERMINED THAT ADDITIONAL CASE REVIEWS WERE NECESSARY. CASES REVEALED THREE DELIVERIES FOLLOWED BY UNUSUAL COMPLICATIONS, ONE HYSTERECTOMY REQUIRED FOLLOW-UP SURGERY DUE TO COMPLICATIONS; AND ONE SUPERVISED DELIVERY WAS CONDUCTED BY A NON-QUALIFIED RESIDENT. A PRECEPTOR WAS ASSIGNED AND DR. SMITH WAS REFERRED TO INDEPENDENT REVIEW INC. FOR EVALUATION. DR. SMITH APPEALED THESE RECOMMENDATIONS. PRECEPTORSHIP PROCESS FAILED. ADDITIONAL CASES WERE FLAGGED. THE MEC RECOMMENDED A CPEP EVALUATION. DR. SMITH APPEALED AND LOST THIS DECISION. HE THEN RESCINDED THE RELEASE OF THE CPEP EVALUATION RESULTS. THE MEC RECOMMENDED TERMINATION OF CLINICAL PRIVILEGES. DR. SMITH MADE A THIRD AND FINAL APPEAL. THE RECOMMENDATION FROM THE MEC MOVED TO THE BOARD OF TRUSTEES, WHO VOTED TO TERMINATE DR. SMITH'S CLINICAL PRIVILEGES ON JULY 4, 2014.

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.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 01/22/2015

Date of Most Recent Change: 01/22/2015

This report is maintained under the provisions of: Title IV

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

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Fifth Report – Medical Malpractice Insurance, Inc. (Page 1)

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DCN: 5950000090961973
Process Date: 02/02/2015
Page: 1 of 3
SMITH, STANLEY
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A report does not mean that actual malpractice occurred, only that a payment was made

When the entity submitted payment

SMITH, STANLEY

MEDICAL MALPRACTICE INSURANCE, INC.

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/15/2012

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: MEDICAL MALPRACTICE INSURANCE, INC.
Address: 244 PORTER STREET
City, State, Zip: LOS ANGELES, CA 90263
Country:
Name or Office: JANICE DUNE
Title or Department: CLAIMS OFFICIAL
Telephone: (410) 555-1234
Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 55555555, IA
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 666666, TN
Drug Enforcement Administration (DEA) Numbers: AA1234567
BB1234567
Hospital Affiliation(s): OH MY HOSPITAL
DES MOINES, IA
WE CARE FOR YOU HOSPITAL
NASHVILLE, TN

C. INFORMATION REPORTED

Date of Report: 02/02/2015
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 450,000.00
Date of This Payment: 08/15/2012
This Payment Represents: A SINGLE FINAL PAYMENT

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Fifth Report – Medical Malpractice Insurance, Inc. (Page 2)

the DataBank

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DCN: 5950000090961973
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Page: 2 of 3
SMITH, STANLEY
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Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 450,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 07/25/2012
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment:

THIS IS THE FULL AND FINAL SETTLEMENT OF THIS DISPUTED CLAIM. THE TERMS OF THE SETTLEMENT ARE TO REMAIN CONFIDENTIAL.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 450,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

Total number of practitioners on whose behalf the payment was made

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

Description of the alleged acts or omissions and injuries upon which the action or claim was based

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 52 YEARS
Patient's Gender: FEMALE
Patient Type: INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: UTERINE FIBROIDS THAT HAVE INCREASED IN SIZE AND THAT HAVE CAUSED ABNORMAL VAGINAL BLEEDING. SUPRACERVICAL HYSTERECTOMY. PATIENT CONTINUED TO EXPERIENCE PAIN AND BLEEDING. UPON FURTHER TESTING, PATIENT WAS DIAGNOSED WITH OVARIAN CANCER, WHICH REQUIRED SUBSEQUENT SURGERY, INCLUDING OOPHORECTOMY.
Description of the Procedure Performed:
Nature of Allegation: DIAGNOSIS RELATED (001)
Specific Allegation: FAILURE TO DIAGNOSE (101)
Date of Event Associated With Allegation or Incident: 02/02/2010
Outcome: SIGNIFICANT PERMANENT INJURY (06)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: FAILURE TO ACCURATELY DIAGNOSE FULL EXTENT OF CONDITION AND PERFORM THE MOST APPROPRIATE SURGICAL PROCEDURE.

Event took place more than 2 years ago

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.

This report has been disputed by the subject identified in Section B.

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Fifth Report – Medical Malpractice Insurance, Inc. (Page 3)

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DCN: 5950000090961973
Process Date: 02/02/2015
Page: 3 of 3
SMITH, STANLEY
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- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/02/2015

Date of Most Recent Change: 02/02/2015

This report is maintained under the provisions of: Title IV

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

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Sixth Report – Licensing Board (Page 1)

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DCN: 5950000090961996
Process Date: 02/13/2015
Page: 1 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY

LICENSING BOARD

CORRECTION TO STATE LICENSURE ACTION

Date of Action: 06/12/2008

Initial Action

Basis for Initial Action

- PROBATION OF LICENSE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- ALLOWING OR AIDING UNLICENSED PRACTICE

This action has related reports:

Initial Action: [This Action]

Subsequent Action: - PROBATION OF LICENSE **Date of Action:** 01/25/2009 **DCN:** 5950000090961997

Subsequent Action: - LICENSE RESTORED OR REINSTATED, COMPLETE **Date of Action:** 04/25/2009 **DCN:** 5950000090961998

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
Address: 123 CEDAR LANE
City, State, Zip: ROCKVILLE, MD 20857-0001
Country:
Name or Office: JANET DOE
Title or Department: BOARD OFFICIAL
Telephone: (555) 555-5555

Corrects an error or omission in a previously submitted report by replacing it

Entity Internal Report Reference:

Type of Report: CORRECTION
Previous Report Number: 5950000090961991 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address:
City, State, ZIP:
Deceased: NO

Correction reports are processed and mailed to the practitioner named in the report and all queriers who received the report within the last 3 years

Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1111
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI): 9999999999
Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 55555555, IA
Specialty: OBSTETRICS & GYNECOLOGY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):

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Sixth Report – Licensing Board (Page 2)

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DCN: 5950000090961996 Process Date: 02/13/2015 Page: 2 of 3 SMITH, STANLEY For authorized use by: LICENSING BOARD
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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):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE

Basis for Action: ALLOWING OR AIDING UNLICENSED PRACTICE (G2)

Name of Agency or Program That Took the Adverse Action Specified in This Report: IOWA BOARD OF MEDICAL HEALTH

Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 06/12/2008

Date Action Became Effective: 06/12/2008

Length of Action: SPECIFIC PERIOD

Years:

Months: 6

Days:

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 2,000.00

* 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: ON JUNE 12, 2008 THE RESPONDENT DELEGATED SERVICES TO A NEW PRACTITIONER IN HIS GROUP PRACTITCE THAT WAS NOT AT THE TIME LICENSED IN THE STATE OF IOWA. MONETARY PENALTY OF \$2000 AND 6 MONTH PROBATION ASSESSED BY THE BOARD.

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.

E. REPORT STATUS

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

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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Sixth Report – Licensing Board (Page 3)

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DCN: 5950000090961996
Process Date: 02/13/2015
Page: 3 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2015
Date of Most Recent Change: 02/13/2015

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, and 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

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Seventh Report – Licensing Board (Page 1)

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DCN: 5950000090961997
Process Date: 02/13/2015
Page: 1 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

SMITH, STANLEY

LICENSING BOARD

STATE LICENSURE ACTION

Date of Action: 01/25/2009

Subsequent Action

Basis for Initial Action

- PROBATION OF LICENSE

- ALLOWING OR AIDING UNLICENSED PRACTICE

This action has related reports:

Initial Action: - PROBATION OF LICENSE **Date of Action:** 06/12/2008 **DCN:** 5950000090961998
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Subsequent Action: [This Action]

Subsequent Action: - LICENSE RESTORED OR REINSTATED, COMPLETE **Date of Action:** 04/25/2009 **DCN:** 5950000090961998

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
Address: 123 CEDAR LANE
City, State, Zip: ROCKVILLE, MD 20857-0001
Country:
Name or Office: JANET DOE
Title or Department: BOARD OFFICIAL
Telephone: (555) 555-5555

Entity Internal Report Reference:

Type of Report: CORRECTION OF REVISION TO ACTION

Related Report Number: 5950000090961991

Note: The related report has been corrected since this revision to action was submitted.

The latest version of the related report is: 5950000090961998

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
Other Name(s) Used: SMITH, STAN
Gender: MALE
Date of Birth: 01/01/1950
Organization Name: OH MY HOSPITAL
Work Address: 987 SIXTH STREET
City, State, ZIP: DES MOINES, IA 50309
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address:
City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-1111

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 9999999999

Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)

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

State License Number, State of Licensure: 55555555, IA

Specialty: OBSTETRICS & GYNECOLOGY

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Seventh Report – Licensing Board (Page 2)

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DCN: 5950000090961997
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SMITH, STANLEY
For authorized use by:
LICENSING BOARD

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):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE
 Name of Agency or Program That Took the Adverse Action Specified in This Report: IOWA BOARD OF MEDICAL HEALTH
 Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
 Date Action Was Taken: 01/25/2009
 Date Action Became Effective: 01/25/2009
 Length of Action: SPECIFIC PERIOD
 Years:
 Months: 3
 Days:

Total Amount of Monetary Penalty, Assessment and/or Restitution:
 * Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: RESPONDENT SUBMITTED LATE PAYMENT OF MONETARY PENALTY. PROBATION EXTENDED ADDITIONAL 3 MONTHS BY BOARD.

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.

E. REPORT STATUS

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

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

 Date of Original Submission: 02/12/2015
Date of Most Recent Change: 02/13/2015

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, and 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

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SMITH, STANLEY

LICENSING BOARD

STATE LICENSURE ACTION

Date of Action: 04/25/2009

Subsequent Action

Basis for Initial Action

- LICENSE RESTORED OR REINSTATED, COMPLETE

- ALLOWING OR AIDING UNLICENSED PRACTICE

This action has related reports:

Initial Action:	- PROBATION OF LICENSE - PUBLICLY AVAILABLE FINE/MONETARY PENALTY	Date of Action: 06/12/2008	DCN: 5950000090961998
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Subsequent Action:	- PROBATION OF LICENSE	Date of Action: 01/25/2009	DCN: 5950000090961997
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Subsequent Action: [This Action]

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
 Address: 123 CEDAR LANE
 City, State, Zip: ROCKVILLE, MD 20857-0001
 Country:
 Name or Office: JANET DOE
 Title or Department: BOARD OFFICIAL
 Telephone: (555) 555-5555

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5950000090961997

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SMITH, STANLEY
 Other Name(s) Used: SMITH, STAN
 Gender: MALE
 Date of Birth: 01/01/1950
 Organization Name: OH MY HOSPITAL
 Work Address: 987 SIXTH STREET
 City, State, ZIP: DES MOINES, IA 50309
 Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
 Home Address:
 City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-1111

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 9999999999

Professional School(s) & Year(s) of Graduation: NEW JERSEY SCHOOL OF PHYSICIAN TRAINING (1975)

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

State License Number, State of Licensure: 55555555, IA

Specialty: OBSTETRICS & GYNECOLOGY

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

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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):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

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

IOWA BOARD OF MEDICAL HEALTH

Adverse Action

Classification Code(s): LICENSE RESTORED OR REINSTATED, COMPLETE (1280)

Date Action Was Taken: 04/25/2009

Date Action Became Effective: 04/25/2009

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

Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:

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:

RESPONDENT LICENSE FULLY REINSTATED BY IOWA BOARD OF
MEDICAL HEALTH. PROBATIONARY PERIOD OF 6 MONTH, WHICH
WAS THEN EXTENDED ANOTHER 3 MONTHS COMPLETED.

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.

E. REPORT STATUS

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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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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:

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Date of Original Submission:	02/13/2015
Date of Most Recent Change:	02/13/2015

This report is maintained under the provisions of: Section 1921

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