

Time	Session	Presenter(s)	Materials
07:30 - 08:30	REGISTRATION		
08:30 - 09:00	Welcome	Ernia Hughes Luis Padilla	
09:00 - 10:30	<u>General Session</u> 09:00-09:30	David Loewenstein	Reporting Session - Introduction Reporting Adverse Licensure Actions Video Reporting Clinical Privilege Actions Video Reporting Medical Malpractice Video
	Reporting: <i>Current issues that enhance effective reporting to NPDB.</i>	Ivy Vedamuthu Laura Burns Joseph Clift	Breakout – Clinical Privileges (General Session) Breakout – Medical Malpractice (Salon A/B) Breakout – Licensure (Salon C)
10:30 - 10:45	BREAK		
10:45 - 11:45	Query Response: <i>How to get the most out of NPDB through queries.</i>	Denise Nguyen	Query Response Session
11:45 - 01:00	LUNCH		
01:00 - 02:00	Research Applications: <i>Using NPDB research tools to your advantage.</i>	Anne Stahl	Research Applications Video Research Session Questions
02:00 - 03:00	Guidebook: <i>Overview of the new guidebook.</i>	Judy Rodgers	Guidebook Session New NPDB Guidebook
03:00 - 03:15	BREAK		
03:15 - 04:15	Technology: <i>See the re-designed querying screens and other new features, plus give us your suggestions.</i>	Seth Marcus Jo Anne Wright	Technology Session
04:15 - 05:15	Open Forum & Closing: <i>Your opportunity to ask questions, hear from our leadership, and tell us what is on your mind.</i>	Ernia Hughes Judy Rodgers	

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum Reporting 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

- ▶ Reporting to the NPDB
- ▶ Technical Assistance Videos
- ▶ Queriers Perspective

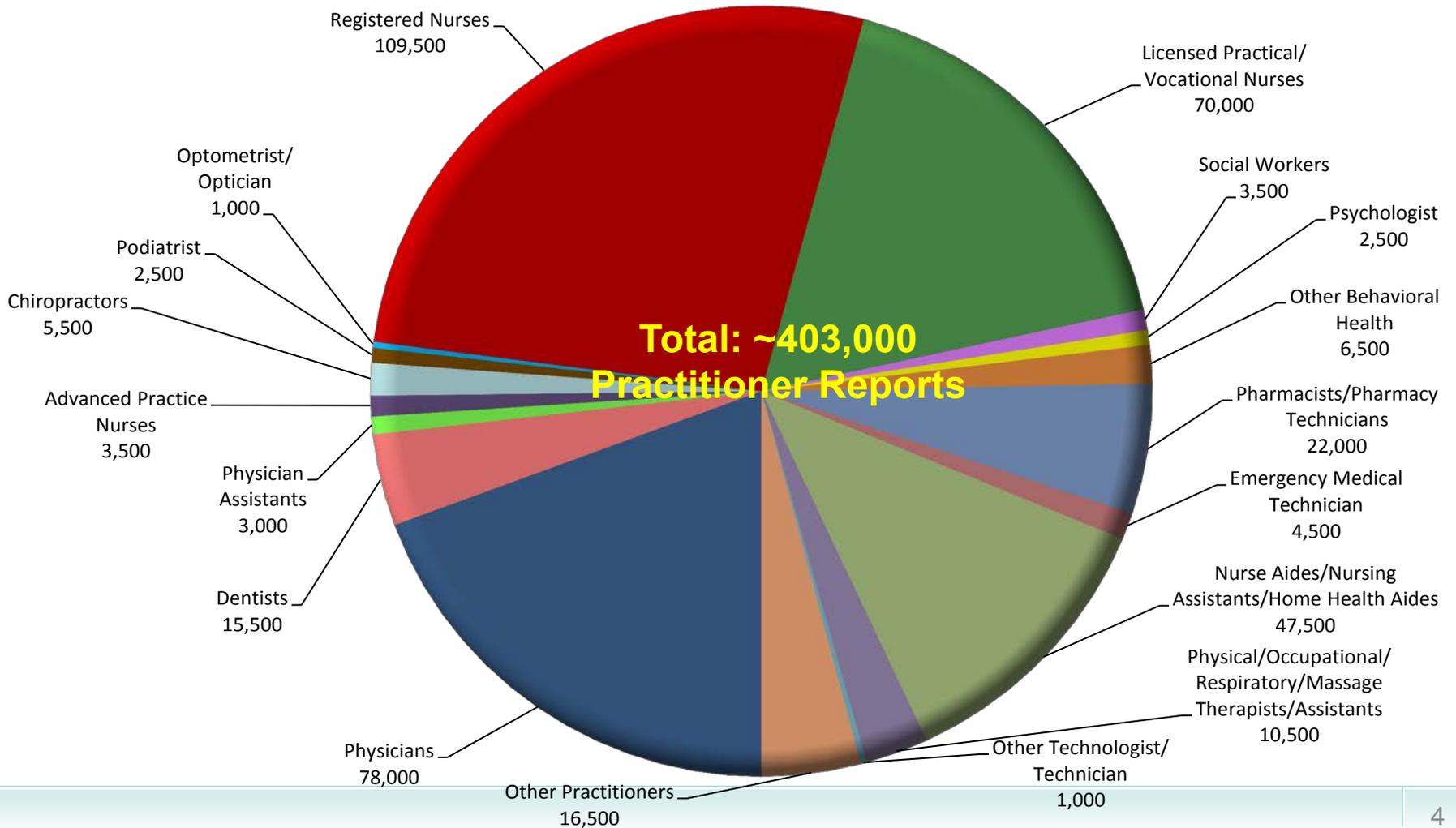
Who Can Query and Report to the NPDB?

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

Report Subjects

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



Technical Assistance Videos

The screenshot shows the NPDB website homepage. At the top, it features the U.S. Department of Health and Human Services logo and the NPDB logo. A search bar is located in the top right. Below the header is a navigation menu with links for Home, About Us, Contact Us, FAQs, and Find a Topic A-Z. The main content area is divided into several sections: Health Care Organizations, Practitioners, News, Resources, and Community & Education. Each section contains links to various resources and information.

- Reporting Adverse Licensure Actions
- Reporting Clinical Privilege Actions
- Reporting Medical Malpractice Actions

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

Queriers Perspective

- ▶ What things are reporters entering into reports that make it difficult to understand?
- ▶ What is missing that you wish they had?

Questions?

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Clinical Privileges Breakout Session

In this session, we will quickly note the basic rules behind clinical privileges adverse action reporting. This part is followed by everyone discussing example reports with their fellow attendees at their tables and sharing with the wider audience what could have been better about those reports. Finally, we will hear from the audience members, who wish to share, about whatever challenges they have had when deciding how to word a report or whether to even submit one in the first place.

Agenda

Discussion of Clinical Privileges Reporting Obligations

- A quick look at the reporting obligations
- Core principles when submitting a Clinical Privileges Report

How to Create an Excellent Clinical Privileges Report:

Common Pitfalls and How to Avoid Them

Examination of reports

Your Challenges in Reporting Clinical Privileges Actions

- Tell us what difficulties you have come across when entering in information for a Clinical Privileges Report.

History and Practice of Reporting Clinical Privilege Actions to the NPDB

Examination of Reports – Discussion Notes

COBALT, ALEXANDER (5950000090961985)

- This report does not contain any information in the narrative portion of the report which attests to the alleged revocation, suspension, or summary suspension of clinical privileges. The report only speaks to disruptive conduct. Additionally, there is no mention of the alleged inadequate infection control practices, nor is there mention of negligence.
- The date of birth showing the year 1919 is not credible, as the practitioner would be 96 years old when the action was taken against him in 2014. It is highly unlikely the date of birth is correct.

KELVIN, EZEKEIL JOHN (5950000090962001)

- The narrative in this case attests to the practitioner having been fired immediately after the hospital discovered an issue with care provided by the practitioner. The nature of the termination of the employee was such that it was not a reportable clinical privileges action (because of the lack of a professional review action).

BERSHIRE, AURORA JEAN (5950000090961989)

- There is nothing particularly wrong with this report at first glance. However, there should not be a reporting code in this case for WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655) associated with an investigation by a state entity, when the reporting entity in this case is a hospital: there should also not be an association made in the narrative between the withdrawal of a renewal application for licensure and the state's investigation. The report should serve as a reminder that if a practitioner is deceased when a report is submitted, that fact should be noted in the report by specifying that the practitioner has died. This can be done by indicating they are deceased in the appropriate field and by mentioning their passing in the narrative of the report.

QUARTZ, SAMANTHA ANNE (5950000090961990)

- This report is okay. The key point to consider is that just because the resignation was moved up in time, it does not change the requirement that a resignation (in this case involuntary) while under investigation is a reportable event.

COBALT, ALEXANDER

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 09/25/2014

Initial Action

Basis for Initial Action

- REVOCATION OF CLINICAL PRIVILEGES
- SUSPENSION OF CLINICAL PRIVILEGES
- SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES

- DISRUPTIVE CONDUCT
- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES
- NEGLIGENCE

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: COBALT, ALEXANDER
Other Name(s) Used: COBALT, ALEX
Gender: MALE
Date of Birth: 07/08/1919
Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
Work Address: 582 RIVER RD
City, State, ZIP: SPRINGFIELD, MA 01152
Home Address: 29 FALMOUTH ST
City, State, ZIP: SPRINGFIELD, MA 01151-1724
Deceased: NO
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: RHODE ISLAND COLLEGE OF OSTEOPATHIC MEDINCE (2008)
Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 111111111, MA
Drug Enforcement Administration (DEA) Numbers:
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: SPRINGFIELD OSTEOPATHIC HEALTH
182 MAIN ST
City, State, ZIP: SPRINGFIELD, MA 01151-1164
Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: DISRUPTIVE CONDUCT (D5)
INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES (17)
NEGLIGENCE (13)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
SUSPENSION OF CLINICAL PRIVILEGES (1630)

SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)

Date Action Was Taken: 09/25/2014

Date Action Became Effective: 09/25/2014

Length of Action: INDEFINITE

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 AUGUST 3, 2014, DR. COBALT ARRIVED FOR WORK IN THE ONCOLOGY UNIT INTOXICATED. HE PROCEEDED TO VERBALLY ABUSE NURSING STAFF THAT HE ENCOUNTERED IN THE MINUTES AFTER HE ARRIVED, IN PARTICULAR DIRECTING HIS ANGER AT THE HEAD NURSE OF THE UNIT. BECAUSE THERE WERE FEARS THAT HE MIGHT BECOME VIOLENT, SECURITY AND LOCAL POLICE WERE CALLED. DR. COBALT WAS DETAINED BY POLICE FOR QUESTIONING.

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: 02/09/2015

Date of Most Recent Change: 02/09/2015

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

KELVIN, EZEKIEL JOHN

NEW ENGLAND CHILDRENS HOSPITAL

CORRECTION TO TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 05/17/2013

Initial Action

Basis for Initial Action

- TERMINATION OF PANEL MEMBERSHIP OR EMPLOYMENT (PROFESSIONAL REVIEW ACTION)

- PATIENT NEGLECT

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: CORRECTION
Previous Report Number: 5950000090961988 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: KELVIN, EZEKIEL JOHN
Other Name(s) Used: KELVIN, ZEKE JOHN
Gender: MALE
Date of Birth: 05/14/1982
Organization Name: PHOENIX DIALYSIS ASSOCIATES
Work Address: 310 ARCHWAY BLVD.
City, State, ZIP: PHOENIX, AZ 85001
Home Address: 1471 MOUNTAIN LN.
City, State, ZIP: CHICOPEE, MA 01014
Deceased: NO
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: SAPPHIRE UNIVERSITY (2004)
Occupation/Field of Licensure (Code): NURSE PRACTITIONER
State License Number, State of Licensure: 111111111, MA
Occupation/Field of Licensure (Code): NURSE PRACTITIONER
State License Number, State of Licensure: 111111111, AZ
Drug Enforcement Administration (DEA) Numbers: BB1111111
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: TITLE IV CLINICAL PRIVILEGES
Basis for Action: PATIENT NEGLECT (15)
Adverse Action
Classification Code(s): TERMINATION OF PANEL MEMBERSHIP OR EMPLOYMENT (PROFESSIONAL REVIEW ACTION) (1615)
Date Action Was Taken: 05/17/2013
Date Action Became Effective: 05/17/2013
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 by Reporting Entity:

MR. KELVIN WORKED AS A NURSE PRACTITIONER IN THE HOSPITAL'S DIALYSIS CENTER HELPING TO OVERSEE A TEAM OF NURSES IN OUR DIVISION OF NEPHROLOGY AFTER THE DIVISION'S MANAGER HAD TO ABRUPTLY TAKE A LEAVE OF ABSENCE TO CARE FOR AN ILL FAMILY MEMBER. MR. KELVIN WAS A LOCUM TENENS PRACTITIONER ESSENTIALLY, ON LOAN TO OUR CENTER FROM PHOENIX DIALYSIS ASSOCIATES LOCATED IN PHONIX ARIZONA--A FACILITY WHICH WAS TEMPORARILY CLOSED DOWN WHILE ITS FACILITIES WERE RECEIVING AN EXTENSIVE RENOVATION. FROM 2003 TO 2012, MR. KELVIN HAD WORKED IN THE DIALYSIS CENTER FIRST AS A REGISTERED NURSE AND THEN AS A NURSE PRACTITIONER; THIS IS WHY MR. KELVIN WAS WELCOMED BACK TO OUR CENTER ON A SHORT-TERM BASIS. ON JANUARY 27, 2013, MR. KELVIN WAS DISCOVERED TO HAVE LEFT A MENTALLY DISABLED PATIENT--WHO HAD BEEN DISRUPTIVE AFTER HIS CATHETER HAD DISLODGED--IN A NEARBY, ELECTRONICALLY LOCKED OFFICE WHILE THE PATIENT'S PARENTS WERE EN ROUTE TO PICK HIM UP. MR. KELVIN LEFT THE HOSPITAL FOR LUNCH, DESPITE THE PATIENT'S CRYING AND SCREAMING AND INDICATIONS THAT THEY WERE BEING DESTRUCTIVE IN THE LOCKED OFFICE. THE PATIENT'S PARENTS ARRIVED AND STAFF NOTIFIED THE PARENTS THAT THEY HAD CALLED SECURITY TO TRY AND GET THE LOCKED DOOR OPENED. ONCE SECURITY WAS ABLE TO UNLOCK THE DOOR, THE PATIENT WAS FOUND TO HAVE HARMED THEMSELVES AND TO HAVE DESTROYED DOZENS OF BINDERS, BOOKS, AND A DESK. MR. KELVIN RETURNED FROM LUNCH AND WAS SUMMONED TO THE DIVISION CHIEF'S OFFICE. HE WAS ASKED FOR AN EXPLANATION BY THE DIVISION CHIEF, WHO WAS ACCOMPANIED BY COUNSEL, AND SEVERAL REGISTERED NURSES FROM THE DIVISION. THE DIVISION CHIEF ASKED FOR MR. KELVIN'S BADGE AND KEYS AND EXPLAINED THAT HE WAS TERMINATED, EFFECTIVE IMMEDIATELY.

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: 02/11/2015

Date of Most Recent Change: 02/13/2015

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

BERKSHIRE, AURORA JEAN

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 09/15/2013

Initial Action

Basis for Initial Action

- SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
- VOLUNTARY LIMITATION, RESTRICTION, OR REDUCTION OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT
- WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION

- SUBSTANDARD OR INADEQUATE SKILL LEVEL
- UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

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: BERKSHIRE, AURORA JEAN
Other Name(s) Used:
Gender: FEMALE
Date of Birth: 10/16/1957
Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
Work Address: 582 RIVER RD
City, State, ZIP: SPRINGFIELD, MA 01152
Home Address: 100 CORNELL ST.
City, State, ZIP: SPRINGFIELD, MA 01109
Deceased: YES
Date of Death: 02/02/2014
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: POLARIS UNIVERSITY SCHOOL OF MEDICINE (1983)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 1111111111, MA
Drug Enforcement Administration (DEA) Numbers: CC111111
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):

DCN: 5950000090961989
Process Date: 02/11/2015
Page: 2 of 3
BERKSHIRE, AURORA JEAN
For authorized use by:
NEW ENGLAND CHILDRENS HOSPITAL

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD OR INADEQUATE SKILL LEVEL (F7)
UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER
SUBSTANCE ABUSE (F2)

Adverse Action
Classification Code(s): SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)
VOLUNTARY LIMITATION, RESTRICTION, OR REDUCTION OF
CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID,
INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR
CONDUCT (1634)
WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER
INVESTIGATION (1655)

Date Action Was Taken: 09/12/2013
Date Action Became Effective: 09/15/2013
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
by Reporting Entity: DR. BERKSHIRE--WHO PASSED AWAY RECENTLY--WAS HAVING
TROUBLE IN HER SURGICAL DUTIES. SHE RESIGNED ON MARCH 6,
2013 AS A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL.
AT THE TIME OF RESIGNATION, DR. BERKSHIRE WAS SUBJECT TO
SUMMARY SUSPENSION STARTING ON JANUARY 18, 2013
RESULTING IN AN AGREED UPON SUSPENSION OF THE FOLLOWING
PRIVILEGES: ALL GENERAL SURGICAL PRIVILEGES, PROHBITING
HER FROM ENGAGING IN LAPAROSCOPIC HERNIA REPAIR,
TONSILLECTOMY, THORACOSCOPY, AND OTHER PROCEDURES SHE
ROUTINELY COMPLETED IN THE PAST. THE SUMMARY SUSPENSION
OF DR. BERKSHIRE'S PRIVILEGES RESULTED FROM THE NEED BY
DR. BERKSHIRE FOR PHYSICIAN ASSISTANCE IN MANY CASES AND
FROM STATEMENTS FROM DR. BERKSHIRE DEMONSTRATING
CONFUSION ON HER PART ABOUT THE PROPER STEPS TO FOLLOW
DURING SURGERIES. DR. BERKSHIRE WAS SUFFERING FROM DRUG
ADDICTION, TO WHICH SHE ADMITTED AS EARLY AS OCTOBER 25,
2012 TO CREDENTIALLING STAFF. AT THE TIME OF HER
VOLUNTARY RESTRICTION OF PRIVILEGES, SHE WITHDREW HER
APPLICATION FOR RENEWAL OF HER CLINICAL PRIVILEGES,
WHILE UNDER INVESTIGATION BY STATE AUTHORITIES FOR
POSSIBLY ILLEGALLY PROVIDING NARCOTICS TO NON-PATIENTS.

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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DCN: 5950000090961989
Process Date: 02/11/2015
Page: 3 of 3
BERKSHIRE, AURORA JEAN
For authorized use by:
NEW ENGLAND CHILDRENS HOSPITAL

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Date of Original Submission: 02/11/2015

Date of Most Recent Change: 02/11/2015

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END OF REPORT

QUARTZ, SAMANTHA ANNE

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 04/22/2012

Initial Action

Basis for Initial Action

- INVOLUNTARY RESIGNATION

- FILING FALSE REPORTS OR FALSIFYING RECORDS

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: QUARTZ, SAMANTHA ANNE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: 02/25/1967
Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
Work Address: 582 RIVER RD
City, State, ZIP: SPRINGFIELD, MA 01152
Home Address: UNKNOWN
UNKNOWN
City, State, ZIP: UNKNOWN
Country: AUSTRALIA
Deceased: UNKNOWN
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: CANBERRA UNIVERSITY SCHOOL OF MEDICINE (1997)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 11111111, MA
Drug Enforcement Administration (DEA) Numbers: BB11111111
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: FILING FALSE REPORTS OR FALSIFYING RECORDS (E3)
Adverse Action
Classification Code(s): INVOLUNTARY RESIGNATION (1637)
Date Action Was Taken: 04/22/2012
Date Action Became Effective: 04/22/2012
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
by Reporting Entity:

DURING A FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FROM NOVEMBER 14, 2011 TO JANUARY 17, 2012, IT WAS DISCOVERED THAT DR. QUARTZ WAS MARKING IN PATIENT CHARTS EXAMINATIONS THAT SHE HAD NOT ENGAGED IN. DR. QUARTZ FAILED TO CARRY OUT BASIC PULMONARY FUNCTION TESTS IN AT LEAST 7 INSTANCES, DID NOT FOLLOW UP WITH A PARENT'S CONCERNS REGARDING POSSIBLE SLEEP APNEA IN THEIR CHILD DESPITE REPEATED ATTEMPTS ON THE PARENT'S PART TO GET INFORMATION FROM THE DOCTOR, AND DID NOT FOLLOW UP WITH AN ADOLESCENT WITH PROBABLE INTRATHORACIC TUBERCULOSIS-- WHO PRESENTED WITH LOBAR PNEUMONIA, WEIGHT LOSS, AND HEMOPTYSIS: IN ALL OF THESE INSTANCES, DR. QUARTZ WROTE IN HER PATIENT'S CHARTS THAT SHE HAD DONE EXAMINATIONS AND HAD FOLLOWED UP WITH PATIENTS AND PARENTS. WHEN CONFRONTED ON FEBRUARY 8, 2012 WITH EVIDENCE OF FALSIFICATION OF PATIENT RECORDS, DR. QUARTZ CLAIMED THAT SHE WAS OVERWORKED AND THOUGHT THE HOSPITAL LACKED BASIC INFRASTRUCTURE NEEDED TO SUPPORT AS MANY PATIENTS AS SHE WAS SEEING. SHE INFORMED THE MEDICAL EXECUTIVE COMMITTEE IN PERSON, WHICH HAD ORDERED THE FPPE AFTER LETTERS OF CONCERN WERE SENT TO THE HOSPITAL, THAT SHE WOULD BE RESIGNING, DUE TO HER INTENTION TO MOVE BACK TO AUSTRALIA, ON JULY 23, 2012. DR. QUARTZ WAS INFORMED THAT HER CLINICAL PRIVILEGES WOULD NOT BE RENEWED AND THAT SHE SHOULD SUBMIT A LETTER OF RESIGNATION IMMEDIATELY. SHE THEN PROCEEDED TO SUBMIT HER LETTER OF RESIGNATION, EFFECTIVE JULY 23, 2012: THE HOSPITAL RESPONDED BY LETTER INFORMING HER THAT HER RESIGNATION WAS EFFECTIVE MARCH 22, 2012.

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

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

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Medical Malpractice Breakout Session

In this session, we will review the requirements for medical malpractice payment reporting. We will discuss new and relevant topics such as alternative medical malpractice payment models and reporting requirements to the NPDB. We will also have time to discuss your questions on report fields and any other issues or concerns you identify.

Agenda

Brief Overview of MMPR Requirements

- What are the elements of the elements of a reportable medical malpractice payment

Communication and Resolution Programs

- Review the common elements of CRPs
- Discussion on participant's experiences with CRP payments and reporting

Reporting Fields and Narratives

- Tell us your thoughts questions and ideas on reporting.

Open Discussion/Table Discussions

- We'll go over several reporting scenarios in small groups and discuss in the larger group

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum Medical Malpractice Payment Breakout

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

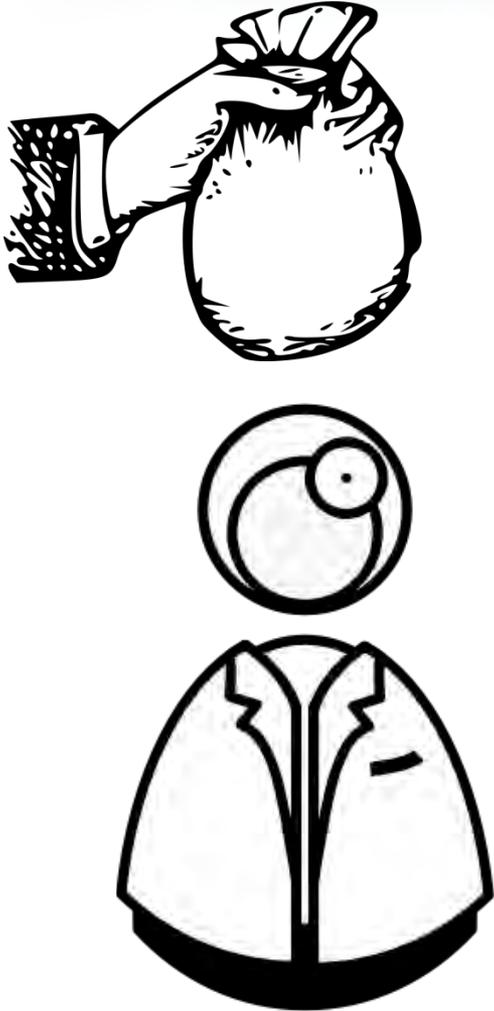


Agenda

- ▶ Overview of Medical Malpractice Payment Report (MMPR) Requirements
- ▶ Communication and Resolution Programs
- ▶ Discussion
- ▶ Reporting Scenarios



Overview of MMPR Requirements



For a medical malpractice payment to be reportable to the NPDB, there must be:

- A payment made;
- For the benefit of a health care practitioner;
- Against whom a medical malpractice claim or judgment was made;
- By a third party.

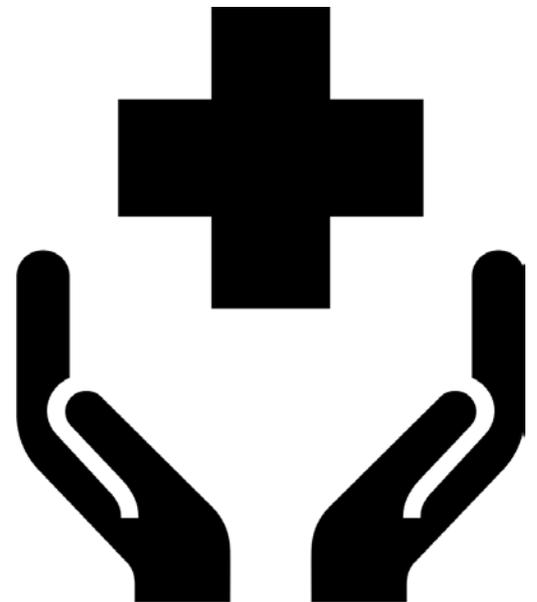
Overview of MMPR Requirements

- **Statutory definition of medical malpractice claim:** a written claim or demand for payment based on a health care provider's furnishing (or failure to furnish) health care services, and includes the filing of a cause of action, based on the law of tort, brought in any court of any State or the United States seeking monetary damages.



Overview of MMPR Requirements

- Claims raised in other adjudicative bodies, such as alternative dispute resolution or disclosure, apology and offer models are considered “claims” for the purposes of reporting, when they include a written demand from the patient for compensation.
- Standard of Care determinations are irrelevant for determining reporting requirements.



Communication and Resolution Programs (CRPs)

Other names:

Disclosure, Apology and Offer Models
Alternative Medical Malpractice Models

Common elements:

- ▶ Discussion, disclosure and open dialogue between patients and practitioners.
- ▶ May include monetary offers for injured patients.
- ▶ Several hospital-based plans.
- ▶ States with supporting legislature such as “waiting-periods” and state supported models and trusts.
- ▶ Claims can be initiated by hospital or practitioner.



Discussion



- Familiarity and Experience with CRPs
- Waiting Periods
- Reporting Elements and Narratives
- Open Forum

Reporting Scenarios

Scenario 1

A hospital and a health care practitioner were named in a medical malpractice claim. Further review revealed that the practitioner had never treated the plaintiff who filed the claim. The practitioner was dismissed from the lawsuit without condition. A settlement on behalf of the hospital was reached and a payment was made to the plaintiff to resolve the claim. The release stated that the defendant healthcare practitioner was dismissed from the lawsuit prior to settlement and the payment was being made on behalf of the hospital. Is this payment reportable to the NPDB?

Scenario 2

A defendant health care practitioner agreed to settle a medical malpractice claim in exchange for being dismissed from a lawsuit. All parties involved in the lawsuit agreed to the condition. Should the resulting payment be reported to the NPDB?



Scenario 3

A hospital has a communication and resolution program (CRP) that patients may use to seek compensation for medical injuries in place of medical malpractice. Either the injured patient, patient's family, or the provider may initiate the resolution process. After communication between the physician and patient, if the injury is found to be "unavoidable," the patient may be compensated.

In this case, Patient X calls the hospital's CRP intake line to file a claim. The hospital administration staff records Patient X's claim into a database and the CRP process begins. Six months later, the dispute resolution panel awards Patient X \$100,000 dollars. Is this reportable? What do you need to know?

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Licensure Breakout Session

In this session, an overview of licensure and certification action reporting will be provided, followed by a discussion of example reports. The bulk of this session will be spent having an engaging dialogue about issues and other pressing matters of importance to the audience.

Agenda

Discussion of Licensure and Certification Action Reporting Obligations

- A quick look at reporting obligations
- Core principles when submitting a State Licensure report

How to Create an Excellent State or Federal Licensure Report:

- Review some example reports and discuss what's wrong and what could be improved

Open Discussion – Share what's on your mind and bring your questions.

- What challenges do you run into? What questions do you want answered?
- Do you have questions about reportability of some types of actions?
- Do you have questions about DPDB compliance efforts?

Examination of Reports – Discussion Notes

DUNN, IGOR B. (5950000090962005)

- The report fails to provide a full first name, which will make finding this practitioner during a query difficult.
- The report narrative (“See board website for details”) is an insufficient narrative. The narrative description must include sufficient detail to ensure that future queriers have a clear understanding of what the subject of the report is alleged to have done and the nature of and reasons for the event upon which the report is based. In this report example, the licensure action was REVOCATION OF LICENSE (1110) and the basis for action codes was PATIENT ABANDONMENT (F9) and FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR (F8). Therefore, a sufficient narrative in this example would explain the patient abandonment and failure to consult allegations which led to the revocation.

NEIGHBORHOOD PHARMACY (5950000090962004)

- The report indicated that the date the final action was taken was 12/24/2014; however, the date the action became effective was 11/15/2014, which precedes the date the board took action. If these dates are correct, the discrepancy should be noted in the report narrative.
- The field *Total Amount of Monetary Penalty* is blank; however, it is noted in the report narrative that a \$7,000 fine was issued.
- The report narrative is an insufficient narrative. Similar to the above example, the report narrative needs to explain what the pharmacy is alleged to have done and why the board took the action to suspend the license. Since the board stated that the reasons for the suspension were related to NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (HI), ALLOWING OR AIDING UNLICENSED PRACTICE (G2), and IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION (G1), the narrative must discuss each of these reasons.

NPDB Spring 2015 Education Forum Licensure Report Breakout Session

April 7, 2015

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

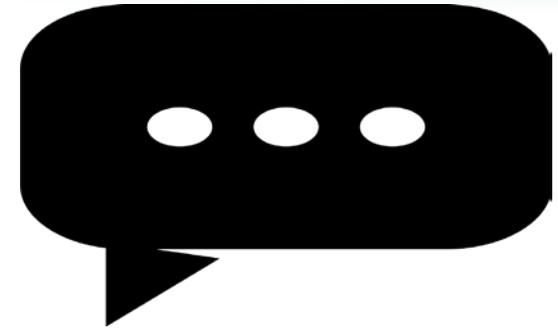
Bureau of Health Workforce

Division of Practitioner Data Bank



Agenda

- ▶ Discussion of Licensure and Certification Action Reporting Obligations
- ▶ Activity: How to Create an Excellent State or Federal Licensure Report
- ▶ Open Discussion



Reporting & Querying Details

State Licensing and Certification Agencies

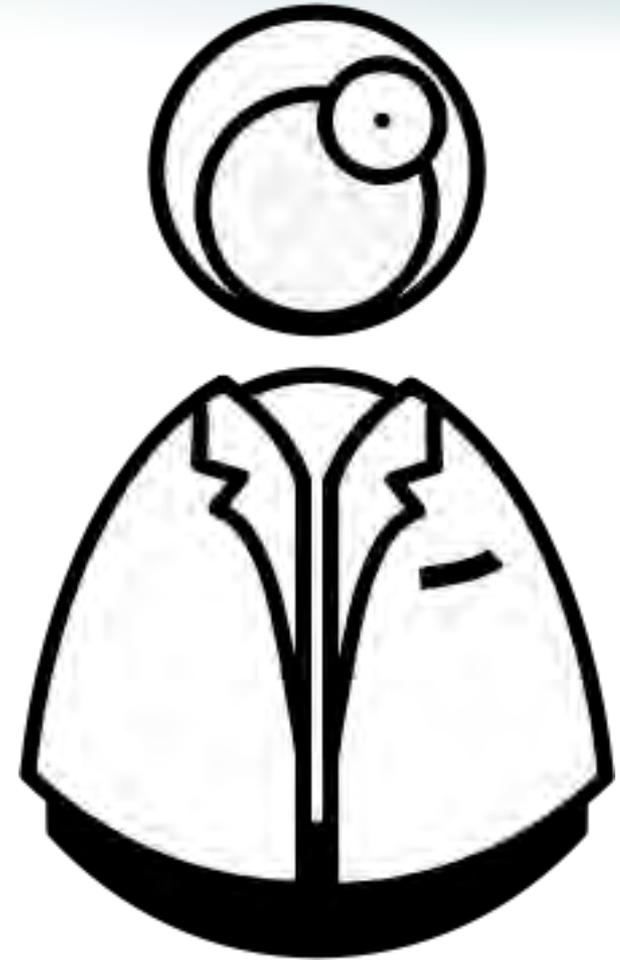
Must report on: Practitioners, providers, and suppliers

- ▶ Adverse licensure and certification actions
- ▶ Any dismissal or closure of a formal proceeding by reason of surrendering the license or leaving the state/jurisdiction
- ▶ Any other loss of license or right to apply
- ▶ Any negative action or finding connected to health care delivery or taken in conjunction with another action

Reporting & Querying Details

State Licensing and Certification Agencies

May query on: Practitioners, providers, and suppliers as needed, including when reviewing initial or renewal applications; or when certifying eligibility to participate in government programs



Reporting Examples

Fines and Penalties

- ▶ Reportable if connected to the delivery of health care or taken in conjunction with another action

Stayed Actions

- ▶ Report the part, if applicable, that is not stayed

Summary/Emergency/Non-Final Actions

- ▶ Report interim cessation of practice during investigation (includes voluntary), emergency/summary suspensions



Reporting Examples

Alcohol and Drug Treatment

- ▶ Reportable: A practitioner enters treatment and a licensure or certification action is taken
- ▶ Not reportable: If a practitioner enters treatment and no licensure or certification action is taken
- ▶ To protect confidentiality, the fact that the practitioner entered treatment should not be reported



Reporting Examples

Denials of Initial or Renewal Application

- ▶ Reportable if denied based on formal proceedings
- ▶ Not reportable if threshold criteria not met
- ▶ For initial only – withdrawal of application while being investigated, for any reason, is not reportable

Withdrawal of Renewal During Investigation

- ▶ Reportable regardless of reason

Voluntary Surrenders

- ▶ Report surrenders made after notification of an investigation or formal official request

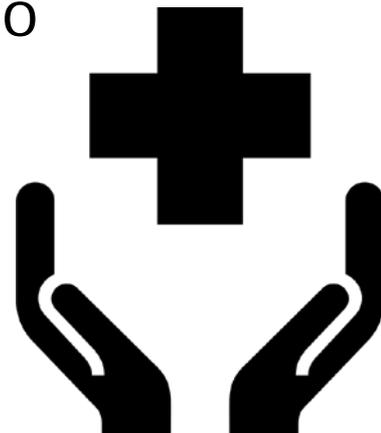
Reporting & Querying Details

Federal Licensing and Certification Agencies

Must report on: Practitioners, providers, and suppliers

▶ Formal or official adverse actions

May query on: Practitioners, providers, and suppliers as needed, including when reviewing initial or renewal applications; or when certifying eligibility to participate in government programs



Group Activity

Group Activity

- ▶ At your table, review the two reports and generate a list of report weaknesses
 - Igor B. Dunn
 - Neighborhood Pharmacy
- ▶ Identify what would have made the report better (and more compliant) with reporting regulations
- ▶ As a licensing professional, what issues do you run into when reporting to the NPDB? How do you overcome these issues?

Open Discussion

DUNN, I B

LICENSING BOARD

CORRECTION TO STATE LICENSURE ACTION

Date of Action: 02/24/2015

Initial Action

Basis for Initial Action

- REVOCATION OF LICENSE

- PATIENT ABANDONMENT
- FAILURE TO CONSULT OR DELAY IN SEEKING
CONSULTATION WITH SUPERVISOR/PROCTOR

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
Previous Report Number: 5950000090962002 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

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

Subject Name: DUNN, I B
Other Name(s) Used:
Gender: MALE
Date of Birth: 05/20/1970
Organization Name: MARYLAND HOSPITAL
* Work Address: 599 MARYLAND HOSPITAL WAY
City, State, ZIP: ROCKVILLE, MD 20857-0001
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address: 123 ANY STREET
City, State, ZIP: ROCKVILLE, MD 20857-0001
Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-6789

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (2000)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: MD0889, MD

* Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers: AD123456789

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.):

MARYLAND HOSPITAL
Business Address of Affiliate: 599 MARYLAND HOSPITAL WAY
City, State, ZIP: ROCKVILLE, MD 20857-0001

Nature of Relationship(s): SUBJECT HAS CLINICAL PRIVILEGES WITH AFFILIATE OR ASSOCIATE (350)

C. INFORMATION REPORTED

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

Type of Adverse Action: STATE LICENSURE

* Basis for Action: PATIENT ABANDONMENT (F9)
FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR (F8)

* Name of Agency or Program That Took the Adverse Action Specified in This Report: MARYLAND LICENSING BOARD

Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)

Date Action Was Taken: 02/24/2015

Date Action Became Effective: 02/24/2015

Length of Action: PERMANENT

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: SEE BOARD WEBSITE FOR DETAILS.

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

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

D. SUBJECT STATEMENT

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

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: 02/24/2015

Date of Most Recent Change: 02/26/2015

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

NEIGHBORHOOD PHARMACY

LICENSING BOARD

STATE LICENSURE ACTION

Date of Action: 11/15/2014

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE OR CERTIFICATE

- NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- ALLOWING OR AIDING UNLICENSED PRACTICE
- IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION

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 (ORGANIZATION)

Organization Name: NEIGHBORHOOD PHARMACY
Other Organization Name(s) Used:
Business Address: 156 CEDEAR LANE
City, State, ZIP: ROCKVILLE, MD 20857-0001
Organization Type: PHARMACY (345)

Names and Titles of Principal Officers and Owners (POO): HUNTSHIRE, RACHEL B.
Federal Employer Identification Numbers (FEIN): 123568978
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
State License Number, State of Licensure: RX1258, MD

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: NO
Drug Enforcement Administration (DEA) Numbers: AH2598659
Clinical Laboratory Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers: 25986
National Provider Identifiers (NPI):
Medicare Provider/Supplier Numbers:

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
Basis for Action: NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (H1)
ALLOWING OR AIDING UNLICENSED PRACTICE (G2)
IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION (G1)

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

Adverse Action Classification Code(s): SUSPENSION OF LICENSE OR CERTIFICATE (3136)

Date Action Was Taken: 12/24/2014

Date Action Became Effective: 11/15/2014

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: FINE ASSESSED \$7,000

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.

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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: 02/24/2015

Date of Most Recent Change: 02/24/2015

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

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

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: 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

DCN: 5950000090961996
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

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

National Practitioner Data Bank

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



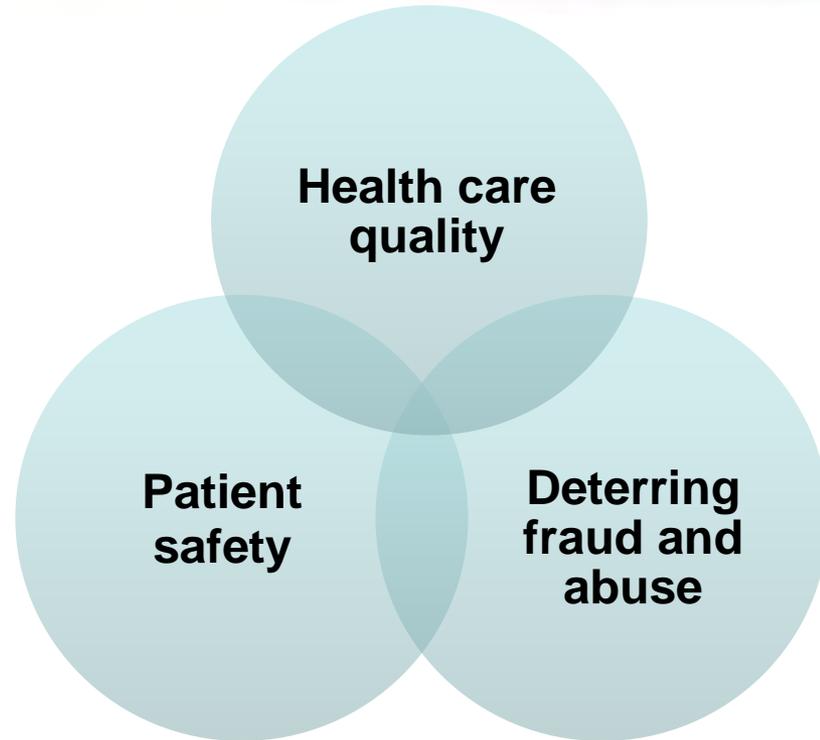
Agenda

- ▶ 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

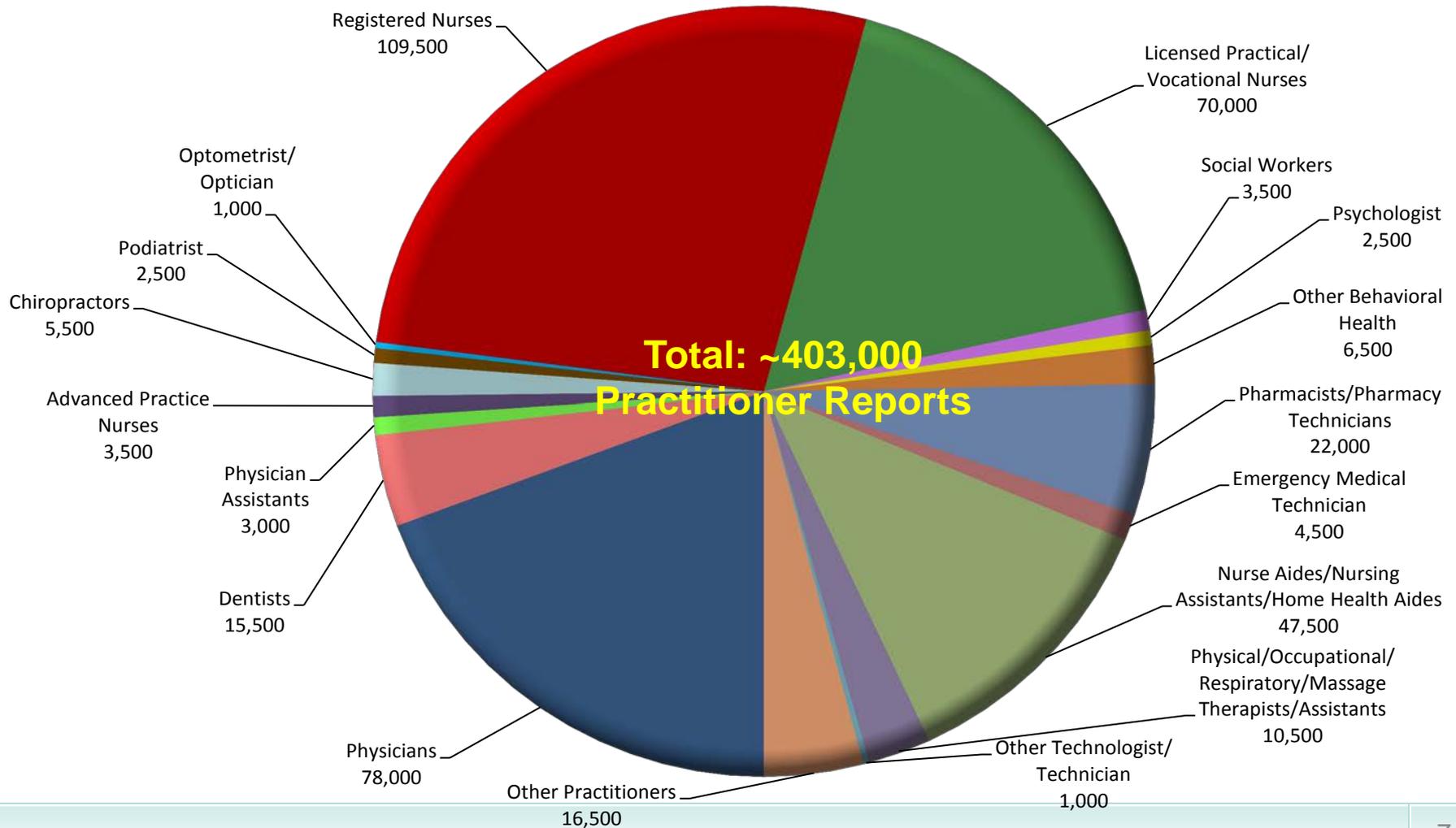


Who Can Be Reported?

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

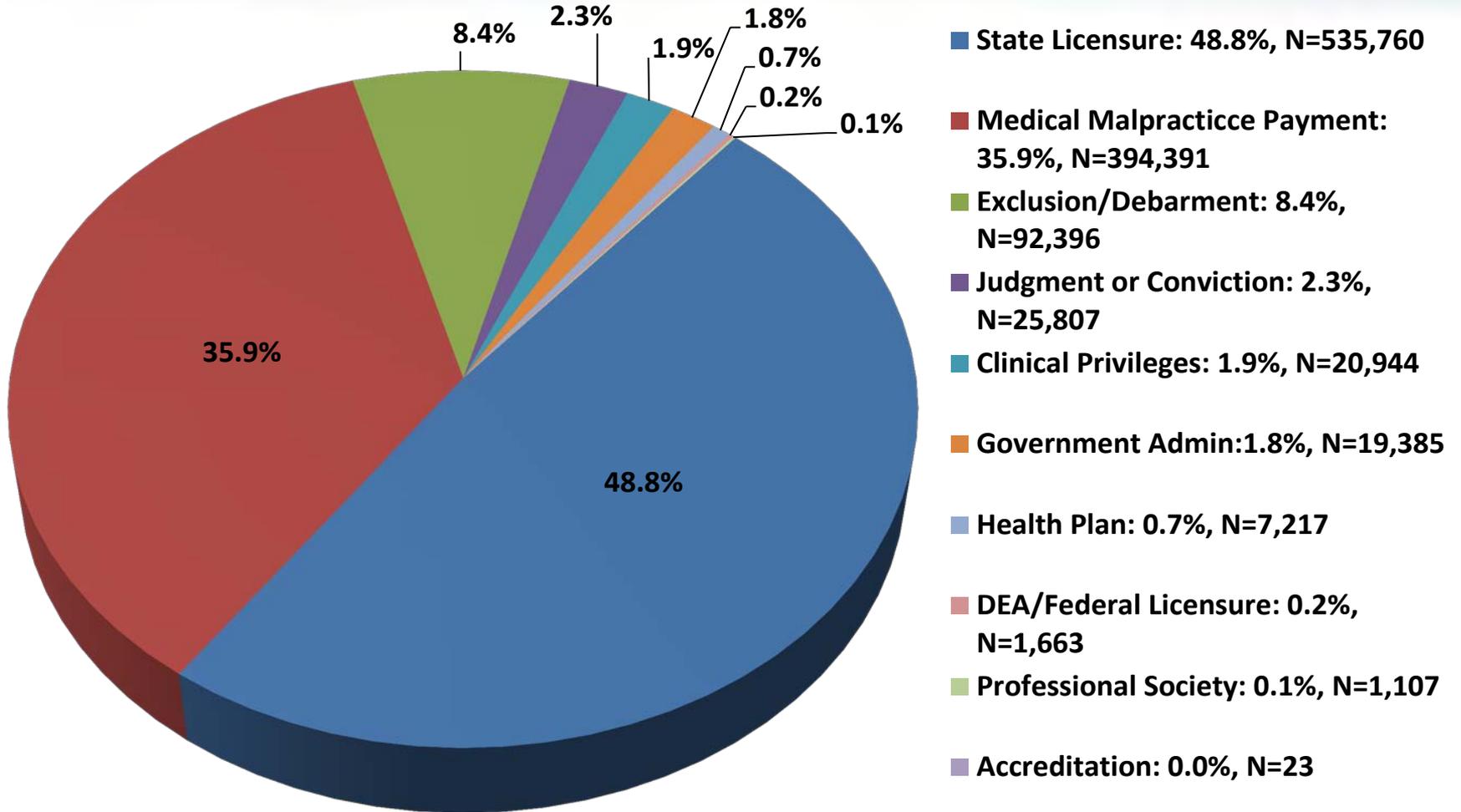
Report Subjects

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

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

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
	- PUBLICLY AVAILABLE FINE/MONETARY PENALTY		
DCN:	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
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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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SMITH, STANLEY
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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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SMITH, STANLEY
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This report is maintained under the provisions of: Section 1128E

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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 PRITTS 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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SMITH, STANLEY
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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.

- 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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Third Report – Licensing Board (Page 1)

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SMITH, STANLEY
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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)

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SMITH, STANLEY
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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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SMITH, STANLEY
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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: 01/22/2015

Date of Most Recent Change: 01/22/2015

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

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END OF REPORT

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

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SMITH, STANLEY
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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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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)

the DataBank

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

DCN: 5950000090961973
Process Date: 02/02/2015
Page: 1 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

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
BE1234567
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

P.O. Box 10832
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DCN: 5950000090961973
Process Date: 02/02/2015
Page: 2 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

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
For authorized use by:
LICENSING BOARD

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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:

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

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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)

the **DataBank**

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

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

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 PRACTITICE 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)

the **DataBank**

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

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

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)

the DataBank

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

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DCN: 5950000090961997
Process Date: 02/13/2015
Page: 2 of 3
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.
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Seventh Report – Licensing Board (Page 3)

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DCN: 5950000090961997
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.

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Eighth Report – Licensing Board (Page 1)

the **DataBank**

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DCN: 5950000090961998
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: 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: 08/12/2008	DCN: 5950000090961996
------------------------	--	-----------------------------------	------------------------------

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

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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Eighth Report – Licensing Board (Page 2)

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DCN: 5950000090961998
Process Date: 02/13/2015
Page: 2 of 3
SMITH, STANLEY
For authorized use by:
LICENSING BOARD

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

LICENSE RESTORED OR REINSTATED, COMPLETE (1280)

Classification Code(s):

04/25/2009

Date Action Was Taken:

04/25/2009

Date Action Became Effective:

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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Eighth Report – Licensing Board (Page 3)

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

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

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END OF REPORT

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NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Research Session

The following are examples of questions received by the Division of Practitioner Data Bank regarding research data. During this session, we will explore how to leverage the online research applications to answer these and other data questions.

Question 1)

I need adverse action report information from 1990 thru 2010. Could I request a data file for Nevada MDs, including revocations, suspensions, and surrenders of clinical privileges?

Question 2)

We are requesting 2013 data for California allopathic physicians. Please provide a detailed listing of all adverse events reported to the NPDB in 2013 for allopathic physicians only.

Question 3)

I have a presentation at a physician assistant conference. Could you provide me with adverse action report trends by year and by state for physician assistants?

Question 4)

Please provide me with the number of medical malpractice payment reports submitted on North Carolina physicians in 2013. Please specify how many physicians those reports represent.

Question 5)

Can you give me the number of medical malpractice payment reports in the Southeast Region, by state, for which the payments were greater than a half-million dollars?

Question 6)

Please provide me with the overall malpractice payment amount in the U. S. from 1990 to 2013.

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum Guidebook 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 the New NPDB Guidebook
- ▶ Key Changes
- ▶ Q&A Game
- ▶ Next Steps
- ▶ Open Discussion

- ▶ Revision process
 - Announced publication of draft NPDB Guidebook in Federal Register on December 27, 2013. Comment period ended January 10, 2014.
 - Received 360 comments.
- ▶ Format
 - <http://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>



the DataBank

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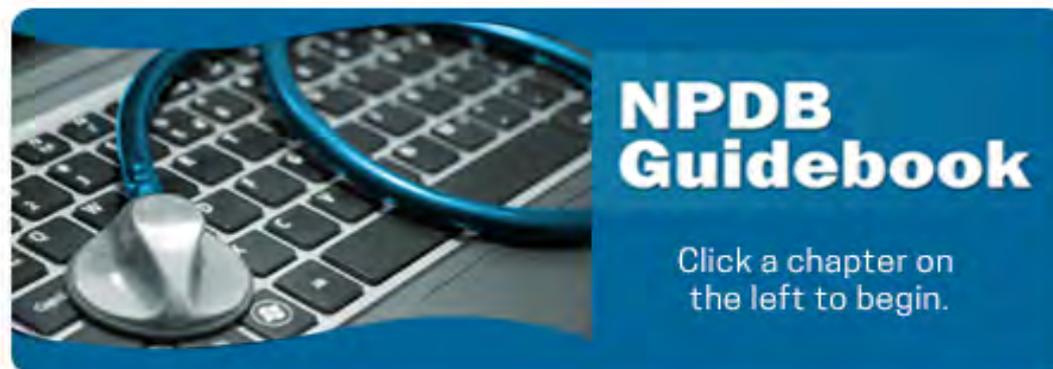
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Registering with the NPDB

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Eligible entities are responsible for certifying their eligibility to report to and/or query the NPDB by registering with the Data Bank. The online registration and certification process determines and sets an entity's requirements and restrictions regarding querying and reporting to the NPDB.

Eligible entities not currently registered with the NPDB should complete an [Entity Registration form](#). The information requested on the Entity Registration form provides the NPDB with essential information concerning the entity, such as the organization's name, address, point of contact for reports, Federal Taxpayer Identification Number, type of ownership, the organization's authority to participate in the NPDB under each of the statutes governing the NPDB, and the organization's primary function or service.

Eligible entities are responsible for certifying their eligibility to report to and/or query the NPDB by registering with the Data Bank.

Each entity that initiates the entity registration process is given a [Data Bank Identification Number \(DBID\)](#) and must create a user ID and a password for its account. Once an entity completes the entity registration documents, the entity's

certifying official must sign the documents before returning them to the Data Bank for processing. An entity is not successfully registered until the Data Bank receives all registration and verification documents and the registration forms are confirmed by the NPDB. The registration process must be completed before an entity is able to submit reports and queries.

Key Changes

What the new Guidebook does:

- ▶ Blends Healthcare Integrity and Protection Data Bank and NPDB to reflect new combined regulations
- ▶ Adds Section 1921
- ▶ Provides policy clarification



What the new Guidebook does NOT do:

- ▶ Make revisions that require legislative or regulatory changes
- ▶ Accept or address every recommendation made by commenters.



Key Changes

- ▶ Eligible entities
 - Definition of “Other Health Care Entity”
 - Registration requirements (use of DBIDs, User IDs)
- ▶ Subjects of Reports



Key Changes

▶ Queries

- Centralized credentialing
- Delegated credentialing
- Clinical vs. non-clinical privileges

▶ Reports

- Submitting reports
 - Corrections vs. revisions
 - Appeals



Key Changes

- Reporting Medical Malpractice Payments
 - Oral vs. written claims
 - Identifying practitioners
- Reporting Adverse Clinical Privileges Actions
 - Summary Suspensions
 - Proctors

Key Changes

- Investigations

Definition of term is not controlled by entity's bylaws.

Routine review of a practitioner is *not* an investigation.

Focus on a particular practitioner.

Precursor to professional review action.

Ongoing until decisionmaking authority takes final action.

Key Changes

- Reporting Adverse Professional Society Membership Actions
 - Expert witness testimony
- Other adjudicated actions
 - Taken in conjunction with clinical privileges actions

Key Changes

- Reporting Licensure and Certification Actions
 - Administrative fines
 - Summary/Emergency suspensions
 - Stayed actions
 - Denials
 - Withdrawals, and failure to renew while under investigation
 - Voluntary surrenders

Q & A Game

Eligible Entities

Data Bank Identification Number (DBID)

Question 1:

- ▶ **A hospital's human resources department and medical staff services staff will both need to query the NPDB. Can one organization have more than one DBID?**

Eligible Entities

Data Bank Identification Number (DBID)

Answer 1 (Part 1 of 2):

An organization can have more than one DBID. However, rather than registering for multiple DBIDs, an entity is encouraged to simply create multiple user accounts (i.e., user IDs) under the organization's single DBID. An entity can establish as many user accounts as necessary and can deactivate those accounts when needed without deactivating its DBID.

Eligible Entities

Data Bank Identification Number (DBID)

Answer 1 (Part 2 of 2):

If the hospital chooses to register its human resources department and medical staff services staff separately with the NPDB, each department may obtain separate DBIDs. However, departments with different DBIDs cannot download a response from a query entered by another department with a different DBID. Also, special care must be taken to be sure that the same report is not submitted twice.

Eligible Entities

User ID

Question 2:

- ▶ **If an eligible entity replaces an employee, does the entity keep and re-use the former employee's user ID?**

Eligible Entities

User ID

Answer 2:

No. Each authorized user is required to have a unique user account with a unique user ID. Entities must deactivate any authorized user accounts when the authorized user is no longer affiliated with the entity or if the user account has been compromised.

Subjects of Reports

Affordable Care Act Navigators

Question 3:

- ▶ **Can eligible entities submit reports on Navigators, who are trained to provide assistance to individuals and companies looking for health care coverage through marketplaces created by the Patient Protection and Affordable Care Act of 2010?**

Subjects of Reports

Affordable Care Act Navigators

Answer 3:

It depends on the reporting entity. For example, several States regulate Navigators as suppliers of health care, and those boards would report licensing and certification actions taken against Navigators. In general, the following types of entities may file reports with the NPDB against health care suppliers: health plans, private accreditation organizations, State licensing and certification authorities, State law enforcement agencies, State Medicaid fraud control units, State agencies administering or supervising the administration of State health care programs, State prosecutors, Federal agencies, and Federal prosecutors.

Subjects of Reports

Unlicensed Practitioners

Question 4:

- ▶ **If a State board that regulates dietitians issues a cease and desist order against a person who is not a registered dietitian but who is practicing as one, is the issuance of the cease and desist order reportable to the NPDB?**

Subjects of Reports

Unlicensed Practitioners

Answer 4:

Yes. In this example, the State regulates the practice of dietetics and prohibits individuals from practicing as dietitians – even if they do not refer to themselves as dietitians, licensed dietitians, or registered dietitians – without being licensed by the board. NPDB regulations require the reporting not only of individuals who are licensed, but also those who hold themselves out to be so licensed. Therefore, the cease and desist order issued by the board would be reportable.

Credentials Verification Organization (CVO)

Question 5:

- ▶ **To query the NPDB, should a CVO register as a single entity or agent?**

Queries

Credentials Verification Organization (CVO)

Answer 5:

It depends.

- A CVO operating in an environment with a centralized peer review process and decisionmaking body should register with the NPDB as a single entity.
- A CVO should register with the NPDB as an agent if each health care entity for which it works conducts its own credentialing and grants privileges at its own facility. When a CVO is registered as an agent, each facility for which it works must register separately with the NPDB as a health care entity.

Hospital's Querying Requirement

Question 6:

- ▶ **Under what conditions are hospitals required to query every 2 years on courtesy staff who are afforded only non-clinical professional privileges?**

Queries

Hospital's Querying Requirement

Answer 6:

Hospitals are required to query on courtesy staff considered part of the medical staff, even if afforded only non-clinical professional courtesies such as use of the medical library and continuing education facilities. If a hospital extends non-clinical practice courtesies without first appointing practitioners to a medical staff category, querying is not required on those practitioners.

Hospital's Querying Requirement

Question 7:

- ▶ **An advanced practice nurse (APRN) is applying for a position at a hospital. Does the hospital have to query the NPDB on the nurse?**

Queries

Hospital's Querying Requirement

Answer 7:

It depends. If the hospital considers the position the APRN is applying for to be on the hospital's medical staff, or if the APRN will hold clinical privileges at the hospital, the hospital must query on the APRN when the APRN applies and biennially thereafter while the APRN is on staff or holds privileges. If the hospital does not consider the position to be on the medical staff or if the APRN will not hold clinical privileges, the hospital is not required to query on the APRN. It may do so if it desires, however.

Submitting Reports: Correction vs. Revision

Question 8:

- ▶ **If an entity changes the penalty it imposes or reconsiders the grounds upon which it took an action, should a correction or revision be filed?**

Submitting Reports: Correction vs. Revision

Answer 8:

If an entity subsequently changed the penalty it imposed, or if it reconsidered the grounds on which it took an action, but the original report correctly described the penalty or grounds at the time the original report was filed, then a Revision-to-Action Report, not a Correction Report, should be filed.

Submitting Reports: Appeals

Question 9:

- ▶ **How should a previously reported action that is overturned on appeal be reported to the NPDB?**

Submitting Reports: Appeals

Answer 9:

When a previously reported action is overturned on appeal, the reporter should void the previously submitted report.

Submitting Reports: Appeals

Question 10:

- ▶ **If a hospital's decision to terminate a physician is based on a licensure action, must the hospital file a Notice of Appeal if the physician appeals either the licensure or termination?**

Reports

Submitting Reports: Appeals

Answer 10:

No. The regulations do not require the hospital to file a Notice of Appeal if a physician, who was terminated from the hospital based on a licensure action, appeals the decision the hospital made to terminate him or her. As well, the hospital would not be required to file a Notice of Appeal if the physician appealed the licensure action that was the basis of the hospital's termination; when a Notice of Appeal must be filed, only the entity taking the adverse action needs to file the Notice of Appeal. Only the licensing board, in this case, would be required to file a Notice of Appeal if the physician appealed a licensure action that had been reported to the NPDB.

Reports

Medical Malpractice Payments

Question 11:

- ▶ **Following an unsuccessful course of treatment, a patient and a practitioner enter into a State-sponsored voluntary series of discussions in an attempt to settle their disagreement before resorting to litigation. The discussions lead to the practitioner's insurance company making a money payment to the patient to settle the dispute. Should this money payment be reported to the NPDB?**

Reports

Medical Malpractice Payments

Answer 11:

It depends. If, during the course of discussions, the patient made a written complaint or written claim demanding a monetary payment for damages, the payment must be reported. If the complaint or claim for damages was never put in writing, the payment is not reportable.

Medical Malpractice Payments

Question 12:

- ▶ **If an individual practitioner is not named, identified, or described in a medical malpractice claim or complaint, but the facility or practitioner group is named, should the payment be reported?**

Medical Malpractice Payments

Answer 12:

No, with one exception. If the named defendant is a sole practitioner identified as a “professional corporation,” a payment made for the professional corporation must be reported for the practitioner.

Clinical Privileges Actions

Question 13:

- ▶ **Based on assessment of professional competence, a proctor is assigned to watch a physician's or dentist's procedures for a period of more than 30 days, and the proctor needs to be present or grant approval before medical care is provided by the practitioner. Is this reportable to the NPDB?**

Reports

Clinical Privileges Actions

Answer 13:

Yes. If, for a period lasting more than 30 days, the physician or dentist cannot perform certain procedures without proctor approval or without the proctor being present and watching the physician or dentist, the action constitutes a restriction of clinical privileges and must be reported to the NPDB. However, if the proctor is not required to be present for or approve the procedures (for example, the proctoring consists of the proctor reviewing the physician's or dentist's records or procedures after they occur), the action is not considered a restriction of clinical privileges and should not be reported to the NPDB.

Clinical Privileges Actions

Question 14:

- ▶ **A physician or dentist surrenders clinical privileges for personal reasons but is under investigation for professional competence or conduct. Is this reportable to the NPDB?**

Clinical Privileges Actions

Answer 14:

Yes. A surrender of clinical privileges while under investigation must be reported, regardless of whether the surrender was for personal reasons.

Clinical Privileges Actions

Question 15:

- ▶ **A physician who applied for clinical privileges does not meet a health plan's threshold criteria for the privileges and withdraws the application. Is this reportable to the NPDB?**

Clinical Privileges Actions

Answer 15:

No. A health plan should not report the withdrawal of a physician's application for clinical privileges when the physician fails to meet the health plan's threshold requirements.

Clinical Privileges Actions

Question 16:

- ▶ **A physician applied for a medical staff appointment at a hospital but then withdrew the application before a final decision was made by the hospital's governing body. The physician was not being specifically investigated by the hospital. Should the withdrawal of the application be reported to the NPDB?**

Clinical Privileges Actions

Answer 16:

No. Absent a particular investigation, the voluntary withdrawal of an application for medical staff appointment or clinical privileges should not be reported to the NPDB.

Reports

Clinical Privileges Actions

Question 17:

- ▶ **A physician applied to a hospital for clinical privileges to perform cardiac procedures. The hospital requires that such applications be granted only if the applying physician has performed 50 cardiac procedures in the previous year. The applying physician has performed only 40 such procedures. The hospital denies the application based solely on the physician not having met its 50-procedure requirement. Should this denial be reported to the NPDB?**

Reports

Clinical Privileges Actions

Answer 17:

No. A denial of clinical privileges that occurs solely because a practitioner does not meet a health care institution's established threshold criteria for that particular privilege should not be reported to the NPDB. Such denials are not considered to be the result of a professional review action relating to the practitioner's professional competence or professional conduct but, rather, are considered to be decisions based on eligibility that are not reportable.

Reports

Clinical Privileges Actions

Question 18:

- ▶ **When a physician surrenders medical staff privileges due to personal reasons, infirmity, or retirement, and such a surrender did not occur in order to avoid an investigation or during an investigation, should it be reported to the NPDB?**

Reports

Clinical Privileges Actions

Answer 18:

No. The surrender not should not be reported to the NPDB because the physician did not surrender his clinical privileges while under investigation by a health care entity relating to possible professional incompetence or improper professional conduct, or in return for not conducting such an investigation. However, if an investigation was under way when the physician surrendered his privileges, even if the physician was not aware of the investigation, the surrender would have to be reported even if the physician claimed he surrendered the privileges for unrelated personal reasons.

Reports

Clinical Privileges Actions

Question 19:

- ▶ **A health care entity terminated a physician's contract for causes relating to poor patient care, which in turn resulted in the loss of the practitioner's network participation. Should this be reported to the NPDB using one or two reports?**

Reports

Clinical Privileges Actions

Answer 19:

Depending on the circumstances, the health care entity may be required to submit two different reports. The loss of the practitioner's network participation that resulted from the termination of the contract for reasons relating to professional competence or professional conduct must be reported as a clinical privileges action only if it is considered to be a professional review action by the health care entity.

Clinical Privileges Actions

Question 20:

- ▶ **A preferred provider organization (PPO) investigated a member physician after receiving quality of care complaints from several plan participants. The physician was unaware of the investigation, but, during the investigation, he relinquished his panel membership for personal reasons. Is this reportable?**

Clinical Privileges Actions

Answer 20:

Yes. A health care entity must report a physician's surrender of panel membership (a form of clinical privileges) while under investigation. The reporting entity should be able to produce evidence that an investigation was initiated prior to the surrender, and the physician's awareness of the investigation is immaterial. In addition, in this situation, any termination of the physician's contract with the PPO must be reported to the NPDB separately if the action meets the definition of an "other adjudicated action or decision."

Clinical Privileges Actions

Question 21:

- ▶ **A physician holds clinical privileges at First Hospital and Second Hospital. First Hospital suspends the physician's privileges. Second Hospital's rules provide that a suspension or termination of privileges at another hospital requires suspension or termination at Second Hospital. Consequently, once it learns of First Hospital's suspension of the physician's clinical privileges, Second Hospital also suspends the physician's privileges. Should Second Hospital report its action to the NPDB?**

Reports

Clinical Privileges Actions

Answer 21:

No. Second Hospital's suspension of the physician is an administrative action that does not involve a professional review action and, therefore, should not be reported.

Reports

Clinical Privileges Actions

Question 22:

- ▶ **A physician held clinical privileges at a hospital entitling him to perform specific procedures. The head of the physician's medical department pointed out to the physician that the physician was no longer performing some of the procedures, and the department head suggested that the physician voluntarily relinquish those privileges. The physician agreed. Should this voluntary relinquishment of privileges be reported to the NPDB?**

Reports

Clinical Privileges Actions

Answer 22:

No. The physician was not under investigation when the privileges were voluntarily relinquished, and consequently no reportable action occurred.

Clinical Privileges Actions

Question 23:

- ▶ **A physician is denied panel membership because a peer review committee determined that the physician had too many malpractice settlements. Is this denial of membership reportable to the NPDB?**

Reports

Clinical Privileges Actions

Answer 23:

It depends. A reporting entity must report a physician's denial of panel membership based on too many malpractice settlements if the peer review committee determines that the malpractice settlements relate to the competence or conduct of the physician.

Reports

Clinical Privileges Actions

Question 24:

- ▶ **A physician who holds clinical privileges at a hospital tests positive for a nonprescribed drug. He enters into a treatment plan, but he continues to practice while gradually working to modify his addictive behavior. Is this reportable to the NPDB?**

Reports

Clinical Privileges Actions

Answer 24:

It depends. If there was a professional review action taken by the hospital that limits the physician's privileges while he seeks treatment, the restriction or limitation of clinical privileges must be reported to the NPDB. If there is no restriction or limitation, but the practitioner must be interviewed and screened periodically for a relapse, this would not be reportable to the NPDB.

Clinical Privileges Actions

Question 25:

- ▶ **A hospital initiated an investigation related to the professional conduct of a physician who held time-limited, nonrenewable, temporary privileges at the hospital. During the investigation, the physician's temporary privileges expired and the hospital took no further action. Should this be reported?**

Clinical Privileges Actions

Answer 25:

No. Generally, the NPDB makes no distinction between adverse actions taken with respect to temporary or permanent privileges. However, in this case, there was no resignation of privileges while under investigation because the temporary privileges expired and the physician could not renew them. This is unlike the typical situation where regular privileges that could be renewed expire during an investigation. In a situation such as that, an action to not renew permanent clinical privileges while under investigation for issues related to professional competence or conduct is considered a resignation while under investigation and should be reported.

Professional Society Membership Actions

Question 26:

- ▶ **A physician resigns a professional society membership or allows the membership to lapse while under a formal peer review investigation by the professional society, but before a final decision is rendered. Is this reportable to the NPDB?**

Reports

Professional Society Membership Actions

Answer 26:

No. Professional societies must report professional review actions based on reasons related to professional competence or professional conduct that adversely affect or may adversely affect the membership of a physician or dentist. If the professional society has not yet taken a final action, there is no requirement to report.

Professional Society Membership Actions

Question 27:

- ▶ **A professional society takes a professional review action against a member physician to revoke the physician's membership based on a finding that the physician provided expert witness testimony without meeting or conducting an evaluation of the individual, and that the physician-provided a medical opinion that departed from the widely held standard of care. Should the membership revocation be reported to the NPDB?**

Reports

Professional Society Membership Actions

Answer 27:

It depends. The professional society took an adverse action against the membership of a physician in the course of a professional review action that was related to the member's professional competence or conduct. If the professional society determines that the member's professional competence or conduct adversely affects, or could adversely affect, the health or welfare of a patient, the action must be reported to the NPDB.

Professional Society Membership Actions

Question 28:

- ▶ **A professional society's ethics committee takes a professional review action to place a physician on probation for 60 days for falsifying a résumé. Should this action be reported to the NPDB?**

Reports

Professional Society Membership Actions

Answer 28:

It depends. Generally, if the professional society determines that falsifying the résumé is professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient, the action must be reported to the NPDB.

Reports

Professional Society Membership Actions

Question 29:

- ▶ **A professional society suspended the membership of a physician for reasons related to professional conduct. It reported this action to the NPDB. Later, the professional society's peer review committee took a professional review action that resulted in the reinstatement of the physician's membership. Should the reinstatement be reported?**

Professional Society Membership Actions

Answer 29:

It depends. If the suspension was imposed with a fixed term and the physician was automatically reinstated at the end of the fixed term as specified in the Initial Report to the NPDB, no Revision-to-Action Report is required. Queriers can easily determine whether the suspension has been lifted by looking at the date and the term in the Initial Report. If the suspension had an indefinite term, or the physician was reinstated before the expiration of the fixed term, or if the physician was not reinstated when the fixed term expired, a Revision-to-Action Report must be filed.

State Licensure and Certification Actions

Question 30:

- ▶ **Is the withdrawal of an initial application for licensure or certification while under investigation reportable to the NPDB?**

State Licensure and Certification Actions

Answer 30:

No. An applicant's withdrawal, for any reason, of an initial application for licensure or certification is not reportable, even if the applicant is under investigation.

State Licensure and Certification Actions

Question 31:

- ▶ **Is the withdrawal, while under investigation, of an application to renew a licensure or certification reportable to the NPDB?**

State Licensure and Certification Actions

Answer 31:

Yes. Investigations should not be reported to the NPDB. However, withdrawal of a renewal application for licensure or certification, or failure to renew, while the State licensure or certification authority is investigating the applicant is reportable.

State Licensure and Certification Actions

Question 32:

- ▶ **Is the withdrawal of an initial or renewal application for State license that does not meet threshold licensing criteria reportable?**

State Licensure and Certification Actions

Answer 32:

No. State licensing or certification authorities should not report cases in which a health care practitioner, entity, provider, or supplier simply does not meet the threshold criteria for licensure or certification.

State Licensure and Certification Actions

Question 33:

- ▶ **In lieu of taking a disciplinary action, a State licensing board issues a consent order in which a practitioner agrees not to re-apply for a license in the future. Is this reportable to the NPDB?**

State Licensure and Certification Actions

Answer 33:

Yes. Any State licensure or certification action that meets NPDB reporting requirements must be reported, regardless of whether the action was imposed through board order, consent agreement, or other method.

State Licensure and Certification Actions

Question 34:

- ▶ **Should a State licensing or certification authority report a suspension when the suspension has been fully stayed prior to implementation?**

State Licensure and Certification Actions

Question 34:

No. Licensure and certification actions that are imposed with a stay should not be reported to the NPDB. However, any reportable action that accompanies a stayed action must be reported.

State Licensure and Certification Actions

Question 35:

- ▶ **A board of medical examiners initiated an investigation related to a physician's professional conduct. Two weeks later, the physician allowed his license to expire. Since the physician's license lapsed prior to any proposed agreement or board decision, must the lapse be reported to the NPDB?**

State Licensure and Certification Actions

Answer 35:

Yes. A nonrenewal of a license while under or to avoid an investigation must be reported to the NPDB.

Next Steps

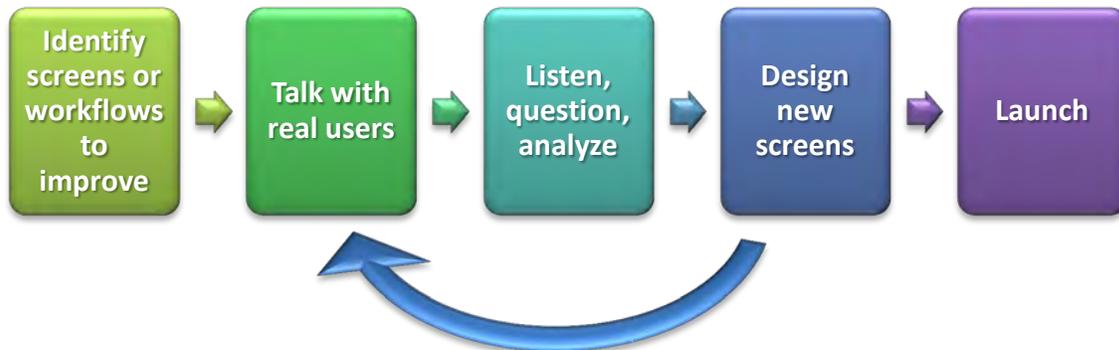
- ▶ Guidebook is a living document
- ▶ Send questions/recommendations/request for changes to NPDBpolicy@hrsa.gov

Open Discussion



This session will demonstrate recent system enhancements and solicit feedback on proposed changes to areas identified through the user-centered design process.

User-Centered Design



- Involve users in the design process
- Study their goals and tasks
- Create screens and workflows so work gets done easier and faster
- Evaluate how well the design meets users' needs

The NPDB technical team welcomes ideas for future system changes and other suggestions from users: NPDBSuggestions@hrsa.gov