



1250 Sixteenth Street
Santa Monica, California 90404

MEDICAL STAFF SERVICES

PROFESSIONAL REPORTING (MBC, NPDB)

MS 105

Manual	Medical Staff	<i>Effective Date</i>	08/1990
Policy #	MS 105	<i>Review</i>	2007, 2014
		<i>Responsible Person</i>	Manager, Medical Staff Services

PURPOSE

The purpose of this policy is to describe the process for complying with state (e.g., Medical Board of California) and federal (National Practitioner Data Bank) physician and health care provider reporting obligations.

BACKGROUND

Effective January 1, 2003, the Medical Board of California (“Medical Board”) reporting requirements require the University to report to the Medical Board: (1) all medical malpractice judgments and awards of any amount; and (2) settlements over \$30,000 for any claim or action for damages for death or personal injury caused by or alleging the negligence, error or omission in practice, or the unauthorized rendering of professional services.

If required to report a physician or other health care provider, the University must provide the individual’s name, license number and specialty or subspecialty to the Medical Board.

Reporting to the National Practitioner Data Bank (“Data Bank”) is required when a payment is made for the benefit of a physician and is only required when a physician is a named defendant in a lawsuit and is not dismissed from the lawsuit prior to settlement or judgment.

Additional Medical Board and Data Bank reports must be made when certain actions are taken by a peer review body such as a medical staff against a health care practitioner’s medical or professional staff privileges for a medical disciplinary cause or reason.

POLICY

I. Medical Malpractice Payments

A. California Law.

1. Reporting Thresholds.

- (a) Every entry of a judgment or arbitration award of any amount, for damages for death or personal injury caused by, or alleging, the negligence, error, or omission in practice, or unauthorized rendering of professional services by physicians and surgeons or doctors of podiatric medicine, shall be reported to the appropriate state medical board.
- (b) Every entry of settlement agreement over \$30,000.00, for damages for death or personal injury caused by, or alleging, the negligence, error, or omission in practice, or unauthorized rendering of professional services by physicians and surgeons or doctors of podiatric medicine, shall be reported to the appropriate state medical board.
- (c) Any settlement, judgment or arbitration award over \$3,000.00 for a claim or action for damages for death or personal injury, negligence, or error or omission in practice, or rendering of unauthorized professional services by any of the following licensed individuals shall be reported to the appropriate board: psychologists, dentists, chiropractors, registered nurses, vocational nurses, psychiatric technicians, optometrists, physical therapists, respiratory therapists, occupational therapists, pharmacists, dietitians, perfusionists, hearing aid dispensers, physician assistants, osteopaths, psychiatry technicians, acupuncturists, marriage, family and child counselors, and social workers.
- (d) Any settlement, judgment or arbitration award over \$10,000.00 for a claim or action for damages for death or personal injury, negligence, error or omission in practice, or rendering of unauthorized professional services by marriage, family and child counselors and clinical social workers shall be reported to the Board of Behavioral Sciences Examiners.

2. Timing of Reports.

The above reports must be made within thirty (30) days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within thirty (30) days after service of the arbitration award, or within thirty (30) days after the date of entry of the civil judgments.

B. Federal Law.

The National Practitioner Data Bank (“Data Bank”) requires an entity that makes a payment for the benefit of a physician, dentist, or other health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against that practitioner to report the payment information to the Data Bank. However, a payment made as a result of a suit or claim solely against an entity (for example, a hospital or group practice) that does not identify an individual practitioner is not reportable to the Data Bank. In general, the University must report medical malpractice payments only when a physician is named party to a lawsuit and is not dismissed from the lawsuit prior to any settlement or judgment.

II. Adverse Actions on Privileges

A. California Law.

1. “805 Reports”. A report shall be filed with the appropriate licensing entity pursuant to Section 805 of the California Business & Professions Code when, for any medical disciplinary cause or reason, a licentiate:
 - is denied or rejected medical staff privileges or membership;
 - has his/her staff privileges, membership, or employment terminated or revoked;
 - has his/her staff privileges, membership or employment restricted or voluntarily accepted for a cumulative total of 30 days or more in any 12-month period;
 - is summarily suspended from medical staff privileges, membership or employment for more than 14 days; or
 - after receiving notice of an impending investigation or notice of the denial or rejection of an application based on information indicating a medical or disciplinary cause or reason, either:
 - i) resigns or takes a leave of absence from membership, medical staff privileges or employment;
 - ii) withdraws or abandons an application for medical staff privileges or membership; or
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- iii) withdraws or abandons a request for renewal of privileges.

Section 805 defines “licentiates” to include physicians, surgeons, podiatrists, clinical psychologists, marriage and family therapists, clinical social workers and dentists.

2. Timing of Reports. The report must be made within 15 days after the effective date of denial, termination, restriction, resignation, leave of absence or other reportable event. In the case of summary suspension, the report must be made within 15 days following imposition of the suspension of staff privileges, membership or employment if the summary suspension remains in effect for a period in excess of 14 days.

B. Federal Law.

1. Data Bank Reports. Adverse actions on clinical privileges shall be reported to the Data Bank in those instances in which the actions are based on a physician’s or dentist’s professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient. The Medical Center shall report to the Data Bank the following adverse actions:
 - Professional review actions related to professional competence or conduct that adversely affects clinical privileges of a physician or dentist for more than 30 days;
 - A physician’s or dentist’s voluntary surrender or restriction of clinical privileges while under investigation for professional competence or in return for not conducting an investigation; or
 - Professional review actions that adversely affect professional membership.
2. Timing of Reports. The report must be made within 15 days from the date the adverse action was taken or clinical privileges were voluntarily surrendered.

PROCEDURE

I. Medical Malpractice Payments

A. Claim/Lawsuit Filed.

When a claim is made or a lawsuit is filed and served on the University alleging professional liability, and an individual health care provider employed by the University is also named, the University’s third party

claims administrator, working in conjunction with the University of California Office of the President (“UCOP”) and the Director of Risk Management, assigns the case to a defense attorney who contacts the individual provider and explains the claims management and litigation process.

B. The Allocation Committee (“AC”).

1. The SM-UCLA Medical Center’s medical staff Allocation Committee (“AC”), which includes the Chief Medical Officer and the Director of Risk Management, shall review each settlement, judgment or arbitration award and make recommendations to UCOP regarding the percentage of settlement dollars allocated to individuals (both physicians and non-physicians) for reporting purposes to the appropriate state licensing board.
 2. A health care provider who has been identified as a possible responsible party in the malpractice case will be notified in writing by the Director, Risk Management and will be offered an opportunity present his/her position on the case to the AC. The health care provider may supply a written statement if he/she chooses prior to the meeting. The individual may ask his/her clinical department chair or SM-UCLA Medical Center department head to attend with him/her.
 3. AC members will consider the oral statements from providers at the meeting, and will review the medical record, the provider’s written statement (if any) and other documentation provided by Risk Management in order to identify the responsible individual(s). The committee (or subcommittee) may, at its discretion, consult with subject matter experts as needed.
 4. Legal representation of individuals is not permitted.
 5. If the AC cannot reach a majority agreement as to the allocation of percentages of fault for reporting, the Chief Medical Officer will confer with the Dean of the David Geffen School of Medicine or designee (or Hospital Director for non-physicians) to reach a conclusion, which will be communicated to the AC by the Chief Medical Officer.
 6. Nothing in the process of the AC is to be construed as creating hearing rights under the Bylaws of the Medical Staff or other University policy.
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C. Office of the President Makes Final Decision.

1. The conclusions and recommendations of the RMC shall be forwarded to UCOP, the office responsible for making the final decision for reporting.
2. If the RMC reached a conclusion that is in disagreement with a provider who submitted a written statement to the RMC, that written statement will be forwarded to UCOP with the RMC's recommendation, noting that the provider disagrees.
3. If UCOP disagrees with the recommendation made by the RMC, they may seek additional input or the advice of the joint meeting of the UC campus-wide medical directors.

D. Special Circumstances.

Situations which may not be attributable to a specific individual may include: systems errors, equipment malfunctions, non-predictable drug reactions, or circumstances where there is a settlement for reasons other than practice outside the standard of care. If the RMC determines that no individual is responsible and therefore should not be reported, it must explain in writing to UCOP why it believes no individuals should be reported or why less than 100 per cent of the dollars should be allocated to individuals for reporting.

E. Preparing and Submitting the Report.

If a judgment or settlement meets the reporting criteria, the Director of Risk Management will coordinate with the University's third party claims administrator and UCOP to prepare the required report(s). Such reports shall include the names, license numbers and name of specialty or sub-specialty of any reportable physician or health care professional designated as such by UCOP pursuant to the above procedures.

F. Data Bank Reporting.

The same procedures shall be followed for any Data Bank reporting to the extent that reporting is required under the Data Bank rules. UCOP shall, in consultation with the Chief Medical Officer and the Director of Risk Management, determine whether or not a Data Bank report is also required.

II. Further Assistance

Questions regarding the reportability of a medical malpractice payment or an adverse action should be referred to the Director, Risk Management and/or University legal counsel.

FORMS

None

REFERENCES

California Business & Professions Code, sections 802, 803, 803.1, 803.2, and 805
The Healthcare Quality Improvement Act of 1986
National Practitioner Data Bank Guidebook, September 2001

APPROVAL

Roger Lee, M.D.
Chief of Staff

REVISION HISTORY

Effective Date: 08/90
Reviewed
04/04
09/07
04/14
