

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

5500000157623727

Process Date: 03/02/2020

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**To:** TUTELA, ROCCO ROBERT JR.

31 GLOUCESTER CT

EAST BRUNSWICK, NJ 08816-3319

**From:** National Practitioner Data Bank**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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**TUTELA, ROCCO ROBERT JR. - SELF-QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** TUTELA, ROCCO ROBERT JR.  
**Date of Birth:** 06/28/1973 **Gender:** MALE  
**Delivery Address:** 31 GLOUCESTER CT, EAST BRUNSWICK, NJ 08816-3319  
**Social Security Number:** \*\*\*-\*\*-1575 **DEA:** BT9496313  
**NPI:** 1306979208 **FEIN:** 364768762  
**License:** PHYSICIAN (MD), 25MA07918500, NJ  
**Professional School(s):** SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX1001 (11/2024)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N67694057  
**Transaction Date:** 03/02/2020 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/02/2020****The following report types have been searched:**

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

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

**MPMIC DBA PROMUTUAL****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER TECHNIQUE

**Initial Action:** - SETTLEMENT **Date of Action:** 12/18/2015  
**DCN:** 5500000102787031

**NORTH SHORE-LIJ HEALTH SYSTEM****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER PERFORMANCE

**Initial Action:** - SETTLEMENT **Date of Action:** 10/24/2012  
**DCN:** 5500000078820734

**PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER PERFORMANCE

**Initial Action:** - SETTLEMENT **Date of Action:** 10/01/2012  
**DCN:** 5500000077978972

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**LONG ISLAND JEWISH MEDICAL CENTER****TITLE IV CLINICAL PRIVILEGES****Basis for Action:** - FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR**Initial Action:** - REDUCTION OF CLINICAL PRIVILEGES**Date of Action:** 12/02/2008**DCN:** 5500000054866129**Subsequent Action:** - CLINICAL PRIVILEGES RESTORED OR REINSTATED, COMPLETE**Date of Action:** 07/10/2009**DCN:** 5500000057347505----- **Unabridged Report(s) Follow** -----

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Process Date: 01/13/2016  
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TUTELA, ROCCO R.**TUTELA, ROCCO R.****MPMIC DBA PROMUTUAL****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/18/2015****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER TECHNIQUE

**A. REPORTING  
ENTITY**

Entity Name: MPMIC DBA PROMUTUAL &amp; SUBSIDIARIES \*

Address: ONE FINANCIAL CENTER

P.O. BOX 55178

City, State, Zip: BOSTON, MA 02205-5178

Country:

Name or Office: CHRISTINE LOPEZ

Title or Department: COMPLIANCE DEPT

Telephone: (425) 310-7140

Entity Internal Report Reference: 73285E

Type of Report: CORRECTION

Previous Report Number: 5500000102584766 (Please destroy all copies of the  
previous report)\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported  
to the NPDB on 04/08/2019:

Entity Name: MPMIC DBA PROMUTUAL

Additional Name: COVERYS

Address: 1 FINANCIAL CTR

City, State, Zip: BOSTON, MA 02111-2621

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)****NOTE: Information marked with an asterisk (\*) was added, corrected, or removed.**

Subject Name: TUTELA, ROCCO R.

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1973

Organization Name: HIGHLAND PARK SURGICAL ASSOCIATES

Work Address: 31 RIVER RD STE 2

City, State, ZIP: HIGHLAND PARK, NJ 08904-1731

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

\* State License Number, State of Licensure: 25MA07918500, NJ

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

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TUTELA, ROCCO R.**C. INFORMATION  
REPORTED**

Date of Report: 01/13/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 750,000.00

Date of This Payment: 12/18/2015

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 750,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 12/14/2015

Adjudicative Body Case Number: MID-L-8005-12

Adjudicative Body Name: SUPERIOR COURT OF NEW JERSEY

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CASE SETTLED FOR \$750,000.00, PAID ON BEHALF OF THE INSURED. THE SETTLEMENT AGREEMENT STIPULATES THAT THE TERMS OF THE SETTLEMENT ARE 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: \$ 750,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

**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:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 45 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

THE PATIENT WAS HAVING A LAPAROSCOPIC REPAIR OF REPRODUCTIVE SYSTEM ADHESIONS BY A GYNECOLOGICAL SURGEON. DURING THE SURGERY, THE BOWEL WAS PARTIALLY DISSECTED, AND THE INSURED WAS CALLED IN TO EMERGENTLY REPAIR THE ERROR.

Description of the Procedure Performed:

THE INSURED REPAIRED THE BOWEL AND CLOSED THE INCISION. DAYS LATER, THE PATIENT DEVELOPED SEPSIS AND THE INSURED PERFORMED AN EXPLORATORY SURGERY OF THE BOWEL. DURING THIS SECOND SURGERY, ANOTHER HOLE IN THE BOWEL WAS IDENTIFIED. ALSO DURING THIS SECOND SURGERY, THE URETHRA WAS TRANSECTED AND HAD TO BE REPAIRED URGENTLY. THE PATIENT WAS HOSPITALIZED FOR CLOSE TO ONE YEAR WITH AN OPEN ABDOMINAL WOUND AND ENTEROASTOMOSPHERIC FISTULAS.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER TECHNIQUE (311)

Date of Event Associated With Allegation or Incident: 12/08/2010

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY****000005**

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TUTELA, ROCCO R.

Which the Action or Claim Was Based: ALLEGED FAILURE TO DIAGNOSE AND TREAT BOWEL PERFORATIONS DURING LAPAROTOMY, RESULTING IN NEED FOR FURTHER SURGERY, EXTENSIVE HOSPITALIZATION, AND LOSS OF BOWEL.

**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: 01/06/2016

Date of Most Recent Change: 01/13/2016

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION ON  
FILE WITH DATA  
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1306979208

The Data Bank attempted to notify the Subject Identified in Section B on 01/13/2016 at the address below, but the attempt was unsuccessful.

531 W 112TH ST APT 5D  
NEW YORK, NY 10025-1624

**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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TUTELA, ROCCO R.**DISCLOSURE HISTORY**

Report Number: 5500000102787031

**F. DISCLOSURE  
HISTORY****Recipient(s) of the Current Version of this Report**

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

**Date Released**

01/13/2016

**Entity Name**ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL  
1 ROBERT WOOD JOHNSON PL  
NEW BRUNSWICK, NJ 08901  
(732) 828-3000**Date Released**

01/26/2016

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 273-5403**Date Released**

02/05/2016

**Entity Name**CLOVER HEALTH  
30 MONTGOMERY ST FL 15  
JERSEY CITY, NJ 07302  
(201) 518-9691**Date Released**

02/10/2016

**Entity Name**HORIZON BLUE CROSS BLUE SHIELD OF NJ  
3 PENN PLZ E  
PP-14C  
NEWARK, NJ 07105  
(973) 466-5013**Date Released**

04/13/2016

**Entity Name**CARES SURGICENTER, LLC  
240 EASTON AVE  
NEW BRUNSWICK, NJ 08901  
(732) 565-5402

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Date Released	Entity Name
04/19/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
06/26/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
10/10/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
11/10/2016	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ FL 9 NEW YORK, NY 10001 (212) 356-4903
01/13/2017	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
01/26/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
01/11/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693



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Date Released	Entity Name
03/28/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
08/01/2018	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
08/21/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
08/21/2018	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
11/05/2018	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/16/2019	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
01/24/2019	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639

**NPDB**P.O. Box 10832  
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Date Released	Entity Name
07/13/2019	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693

Date Released	Entity Name
09/10/2019	SELF-QUERIER

Date Released	Entity Name
11/20/2019	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440

Date Released	Entity Name
03/02/2020	SELF-QUERIER

**Recipient(s) of the Earlier Version of this Report**

An earlier version of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report.

Date Released	Entity Name
01/06/2016	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000

Date Released	Entity Name
01/08/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693

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TUTELA, ROCCO JR**TUTELA, ROCCO JR****NORTHWELL HEALTH****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 10/24/2012****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: NORTH SHORE-LIJ HEALTH SYSTEM \*

Address: 200 COMMUNITY DRIVE

City, State, Zip: GREAT NECK, NY 11021

Country:

Name or Office: HADAR ZISIN LAOR

Title or Department: RISK MANAGEMENT

Telephone: (516) 266-5416

Entity Internal Report Reference: 20244/126345

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 02/25/2020:

Entity Name: NORTHWELL HEALTH

Address: 1111 MARCUS AVE

City, State, Zip: NEW HYDE PARK, NY 11042-1221

Country:

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

Subject Name: TUTELA, ROCCO JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1973

Organization Name: NORTH SHORE LIJ HEALTH SYSTEMS

Work Address: 270-05 76TH AVENUE

City, State, ZIP: NEW YORK, NY 11040

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 237257, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): NSLIJ HEALTH SYSTEMS

NEW HYDER PARK, NY

**C. INFORMATION  
REPORTED**

Date of Report: 12/04/2012

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - EXCESS INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

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TUTELA, ROCCO JR

for This Practitioner: \$ 375,000.00

Date of This Payment: 10/24/2012

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 375,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 05/23/2012

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT.

**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: \$ 375,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

**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?: YES

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 500,000.00

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 54 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: METASTATIC COLON CANCER.

Description of the Procedure Performed: HEPATIC MASS RESECTION.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 11/11/2008

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ALLEGED IMPROPER PERFORMANCE OF A HEPATIC MASS RESECTION  
RESULTING IN HEMORRHAGE AND DEATH OF A 54 YEAR OLD,  
MARRIED, EMPLOYED FEMALE WITH HISTORY OF COLON CANCER.**D. SUBJECT  
STATEMENT**

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

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TUTELA, ROCCO JR

**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: 12/04/2012

Date of Most Recent Change: 12/04/2012

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION ON  
FILE WITH DATA  
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1306979208

The Data Bank attempted to notify the Subject Identified in Section B on 12/04/2012 at the address below, but the attempt was unsuccessful.

531 W 112TH STREET  
APT 5D  
NEW YORK, NY 10025-1624**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**P.O. Box 10832  
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## DISCLOSURE HISTORY

Report Number: 5500000078820734

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
01/29/2013	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
02/04/2013	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
02/08/2013	QUALCARE INC. 30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854 (732) 562-7814
04/16/2013	SELF-QUERIER
06/12/2014	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000078820734  
**Process Date:** 12/04/2012  
**Page:** 2 of 5  
TUTELA, ROCCO JR

Date Released	Entity Name
06/13/2014	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
08/28/2014	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
11/25/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/08/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
01/26/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
02/05/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
02/10/2016	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000078820734  
**Process Date:** 12/04/2012  
**Page:** 3 of 5  
TUTELA, ROCCO JR

Date Released	Entity Name
04/13/2016	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402
04/19/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
06/26/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
10/10/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
11/10/2016	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ FL 9 NEW YORK, NY 10001 (212) 356-4903
01/13/2017	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
01/26/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000078820734  
**Process Date:** 12/04/2012  
**Page:** 4 of 5  
TUTELA, ROCCO JR

Date Released	Entity Name
01/11/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
03/28/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
08/01/2018	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
08/21/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
08/21/2018	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
11/05/2018	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/16/2019	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000078820734  
**Process Date:** 12/04/2012  
**Page:** 5 of 5  
TUTELA, ROCCO JR

<u>Date Released</u>	<u>Entity Name</u>
01/24/2019	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
07/13/2019	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
09/10/2019	SELF-QUERIER
11/20/2019	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
03/02/2020	SELF-QUERIER

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

DCN: 5500000077978972

Process Date: 10/19/2012

Page: 1 of 3

TUTELA, ROCCO ROBERT JR.

**TUTELA, ROCCO ROBERT JR.****PHYSICIANS RECIPROCAL INSURERS****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 10/01/2012****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING  
ENTITY**

Entity Name: PHYSICIANS RECIPROCAL INSURERS \*

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576

Country:

Name or Office: BRIAN CALVI

Title or Department: DIRECTOR, CLAIMS OPERATIONS

Telephone: (516) 277-4194 Ext. 4189

Entity Internal Report Reference: 126345

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 06/05/2019:

Entity Name: PHYSICIANS RECIPROCAL INSURERS

Address: 1800 NORTHERN BLVD

City, State, Zip: ROSLYN, NY 11576-1140

Country:

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

Subject Name: TUTELA, ROCCO ROBERT JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1973

Organization Name: HIGHLAND PARK SURGICAL ASSOCIATES

Work Address: 31 RIVER ROAD

City, State, ZIP: HIGHLAND PARK, NJ 08904

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-1575

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 237257, NY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 10/19/2012

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 500,000.00

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972**Process Date:** 10/19/2012**Page:** 2 of 3**TUTELA, ROCCO ROBERT JR.**

**Date of This Payment:** 10/01/2012  
**This Payment Represents:** A SINGLE FINAL PAYMENT  
**Total Amount Paid or to Be Paid by This Payer for This Practitioner:** \$ 500,000.00  
**Payment Result of:** SETTLEMENT  
**Date of Judgment or Settlement, if Any:** 09/11/2012  
**Adjudicative Body Case Number:** INDEX #23901/2009  
**Adjudicative Body Name:** SCNY COUNTY OF QUEENS  
**Court File Number:**  
**Description of Judgment or Settlement and Any Conditions, Including Terms of Payment:** CASE SETTLED FOR \$1.0 MIO BY PRI PAID FROM LONG ISLAND JEWISH MEDICAL CENTER HOSPITAL POLICY ...APPORTIONED AS FOLLOWS: 50% (\$500,000.00 FOR THE ACTS OF DR TUTELA AND 50% (\$500,000.00) FOR THE HOSPITAL.

**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:** \$ 500,000.00  
**Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:** 1

**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:**

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

**Patient's Age at Time of Initial Event:** 54 YEARS  
**Patient's Gender:** FEMALE  
**Patient's Type:** INPATIENT  
**Description of the Medical Condition With Which the Patient Presented for Treatment:** METASTATIC COLON CANCER  
**Description of the Procedure Performed:** HEPATIC MASS RESECTION  
**Nature of Allegation:** SURGERY RELATED (020)  
**Specific Allegation:** IMPROPER PERFORMANCE (306)  
**Date of Event Associated With Allegation or Incident:** 11/11/2008  
**Outcome:** DEATH (09)  
**Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:** ALLEGED IMPROPER PERFORMANCE OF A HEPATIC MASS RESECTION RESULTING IN HEMORRHAGE AND DEATH OF A 54 YR OLD MARRIED EMPLOYED FEMALE WITH HX OF COLON CANCER.

**D. SUBJECT STATEMENT**

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

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972

Process Date: 10/19/2012

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TUTELA, ROCCO ROBERT JR.

**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: 10/19/2012

Date of Most Recent Change: 10/19/2012

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION ON  
FILE WITH DATA  
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1306979208

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

DCN: 5500000077978972

Process Date: 10/19/2012

Page: 1 of 6

TUTELA, ROCCO ROBERT JR.

## DISCLOSURE HISTORY

Report Number: 5500000077978972

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

**Date Released**

11/07/2012

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 273-5403**Date Released**

11/07/2012

**Entity Name**AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(860) 273-5403**Date Released**

11/13/2012

**Entity Name**CIGNA HEALTHCARE OF NEW HAMPSHIRE  
2 COLLEGE PARK DR  
HOOKSETT, NH 03106  
(603) 268-7440**Date Released**

11/19/2012

**Entity Name**UNITEDHEALTHCARE  
9200 WORTHINGTON RD  
WESTERVILLE, OH 43082  
(614) 410-7008**Date Released**

01/29/2013

**Entity Name**INDEPENDENCE BLUE CROSS  
1901 MARKET ST STE 3  
PHILADELPHIA, PA 19103  
(215) 587-1396

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972**Process Date:** 10/19/2012**Page:** 2 of 6

TUTELA, ROCCO ROBERT JR.

Date Released	Entity Name
02/04/2013	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
02/08/2013	QUALCARE INC. 30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854 (732) 562-7814
04/16/2013	SELF-QUERIER
06/12/2014	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
06/13/2014	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
08/28/2014	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
11/25/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972

Process Date: 10/19/2012

Page: 3 of 6

TUTELA, ROCCO ROBERT JR.

Date Released	Entity Name
01/08/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
01/26/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
02/05/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
02/10/2016	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
04/13/2016	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402
04/19/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
06/26/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972

Process Date: 10/19/2012

Page: 4 of 6

TUTELA, ROCCO ROBERT JR.

Date Released	Entity Name
10/10/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
11/10/2016	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ FL 9 NEW YORK, NY 10001 (212) 356-4903
01/13/2017	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
01/26/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBBURN, MA 01801 1339 987-9106
01/11/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
03/28/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
08/01/2018	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972**Process Date:** 10/19/2012**Page:** 5 of 6

TUTELA, ROCCO ROBERT JR.

Date Released	Entity Name
08/21/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
08/21/2018	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
11/05/2018	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/16/2019	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
01/24/2019	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
07/13/2019	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
09/10/2019	SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000077978972**Process Date:** 10/19/2012**Page:** 6 of 6

TUTELA, ROCCO ROBERT JR.

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**Date Released**

11/20/2019

---

**Entity Name**CIGNA HEALTHCARE OF NEW HAMPSHIRE  
2 COLLEGE PARK DR  
HOOKSETT, NH 03106  
(603) 268-7440

---

**Date Released**

03/02/2020

---

**Entity Name**

SELF-QUERIER

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000054866129  
Process Date: 01/22/2009  
Page: 1 of 3  
TUTELA, ROCCO ROBERT JR**TUTELA, ROCCO ROBERT JR****LONG ISLAND JEWISH MEDICAL CENTER****TITLE IV CLINICAL PRIVILEGES ACTION****Date of Action: 12/02/2008****Initial Action****Basis for Initial Action**

- REDUCTION OF CLINICAL PRIVILEGES

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

This action has related reports:

**Initial Action:** [This Action]**Subsequent Action:** - CLINICAL PRIVILEGES RESTORED OR  
REINSTATED, COMPLETE**Date of Action:** 07/10/2009 **DCN:** 5500000057347505**A. REPORTING  
ENTITY**

Entity Name: LONG ISLAND JEWISH MEDICAL CENTER \*

Address: 270-05 76 AVE.

City, State, Zip: NEW HYDE PARK, NY 11040

Country:

Name or Office: ROSEANNE T O'GARA-SHUBINSKY

Title or Department: ASSOCIATE EXECUTIVE DIRECTOR- QUALITY

Telephone: (718) 470-5498

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/26/2018:

Entity Name: LONG ISLAND JEWISH MEDICAL CENTER

Address: 27005 76TH AVE

City, State, Zip: NEW HYDE PARK, NY 11040-1402

Country:

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

Subject Name: TUTELA, ROCCO ROBERT JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1973

Organization Name: LONG ISLAND JEWISH MEDICAL CENTER

Work Address: 1999 MARCUS AVE

SUITE 106C

City, State, ZIP: LAKE SUCCESS, NY 11042

Home Address: 60 WEST 66TH STREET

APT. 16E

City, State, ZIP: NEW YORK, NY 10023

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-1575

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 237257, NY

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000054866129  
Process Date: 01/22/2009  
Page: 2 of 3  
TUTELA, ROCCO ROBERT JR

Drug Enforcement Administration (DEA) Numbers: BT9496313

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: FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH  
SUPERVISOR/PROCTOR (F8)

Adverse Action

Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640)

Date Action Was Taken: 12/02/2008

Date Action Became Effective: 12/02/2008

Length of Action: SPECIFIC PERIOD

Years:

Months: 6

Days:

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 DECEMBER 2, 2008 NORTH SHORE UNIVERSITY HOSPITAL AND LONG ISLAND JEWISH MEDICAL CENTER SUMMARILY IMPOSED THE FOLLOWING LIMITATIONS ON THE REFERENCED PRACTITIONER'S PRIVILEGES: 1) THE CHAIRMAN OF THE DEPARTMENT OF SURGERY, OR HIS DESIGNEE SHALL PROCTOR THE PRACTITIONER IN ALL HIGH-RISK PROCEDURES, INCLUDING, BUT NOT LIMITED TO, RESECTIONS OF THE LIVER, PANCREAS AND ADRENAL ORGANS; AND 2) THE PRACTITIONER MUST OBTAIN APPROVAL FROM THE CHAIRMAN OF THE DEPARTMENT OF SURGERY PRIOR TO SCHEDULING AND PERFORMING ANY HIGH-RISK PROCEDURES. THESE LIMITATIONS SHALL REMAIN IN EFFECT FOR SIX MONTHS. THESE LIMITATIONS WERE SUMMARILY IMPOSED AS A RESULT OF A ROOT CAUSE ANALYSIS AT LONG ISLAND JEWISH MEDICAL CENTER THAT IDENTIFIED QUALITY OF CARE CONCERNS WITH RESPECT TO THE PERIOPERATIVE CLINICAL MANAGEMENT OF A PATIENT UPON WHOM A LIVER RESECTION PROCEDURE WAS PERFORMED. THE PRACTITIONER WAS THE PRIMARY ATTENDING SURGEON ON THE CASE.

**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.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000054866129

Process Date: 01/22/2009

Page: 3 of 3

TUTELA, ROCCO ROBERT JR

☐ 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: 01/22/2009

Date of Most Recent Change: 01/22/2009

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION ON  
FILE WITH DATA  
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1306979208

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

DCN: 5500000054866129

Process Date: 01/22/2009

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TUTELA, ROCCO ROBERT JR

## DISCLOSURE HISTORY

Report Number: 5500000054866129

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

**Date Released**

02/26/2009

**Entity Name**LONG ISLAND JEWISH MEDICAL CENTER  
27005 76TH AVE  
NEW HYDE PARK, NY 11040  
(718) 470-5498**Date Released**

08/27/2009

**Entity Name**SAINT PETER'S UNIVERSITY HOSPITAL  
254 EASTON AVE  
NEW BRUNSWICK, NJ 08901  
(732) 745-8693**Date Released**

09/09/2009

**Entity Name**ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL  
1 ROBERT WOOD JOHNSON PL  
NEW BRUNSWICK, NJ 08901  
(732) 828-3000**Date Released**

12/23/2009

**Entity Name**EMBLEMHEALTH  
55 WATER ST  
NEW YORK, NY 10041  
(646) 447-6572**Date Released**

12/30/2009

**Entity Name**UNITEDHEALTHCARE  
9200 WORTHINGTON RD  
WESTERVILLE, OH 43082  
(614) 410-7008

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000054866129

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TUTELA, ROCCO ROBERT JR

Date Released	Entity Name
01/20/2010	QUALCARE INC. 30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854 (732) 562-7814
02/02/2010	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
02/02/2010	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
02/04/2010	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
02/22/2010	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
03/04/2010	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
03/11/2010	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000054866129**Process Date:** 01/22/2009**Page:** 3 of 9

TUTELA, ROCCO ROBERT JR

Date Released	Entity Name
03/11/2010	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
04/13/2010	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
04/13/2010	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
06/29/2010	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402
07/13/2010	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
04/08/2011	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
05/17/2011	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693

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Process Date: 01/22/2009

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TUTELA, ROCCO ROBERT JR

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06/12/2012	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
07/20/2012	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
08/13/2012	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
09/26/2012	UNIVERSITY CENTER FOR AMBULATORY SURGERY, LLC 2 WORLDS FAIR DR SOMERSET, NJ 08873 (201) 265-8173
11/07/2012	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
11/07/2012	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
11/13/2012	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440

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TUTELA, ROCCO ROBERT JR

Date Released	Entity Name
11/19/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
01/29/2013	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
02/04/2013	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
02/08/2013	QUALCARE INC. 30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854 (732) 562-7814
04/16/2013	SELF-QUERIER
06/12/2014	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
06/13/2014	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000

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TUTELA, ROCCO ROBERT JR

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08/28/2014	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
11/25/2015	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/08/2016	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
01/26/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
02/05/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
02/10/2016	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
04/13/2016	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402

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TUTELA, ROCCO ROBERT JR

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10/10/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
11/10/2016	US FAMILY HEALTH PLAN AT SVCMC 5 PENN PLZ FL 9 NEW YORK, NY 10001 (212) 356-4903
01/13/2017	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (215) 587-1396
01/26/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
01/11/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693

**NPDB**P.O. Box 10832  
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TUTELA, ROCCO ROBERT JR

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03/28/2018	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
08/01/2018	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
08/21/2018	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
08/21/2018	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013
11/05/2018	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (804) 784-5555
01/16/2019	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691
01/24/2019	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000054866129**Process Date:** 01/22/2009**Page:** 9 of 9

TUTELA, ROCCO ROBERT JR

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<u>Date Released</u>	<u>Entity Name</u>
07/13/2019	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
09/10/2019	SELF-QUERIER
11/20/2019	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
03/02/2020	SELF-QUERIER

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000057347505  
Process Date: 07/10/2009  
Page: 1 of 3  
TUTELA, ROCCO ROBERT JR**TUTELA, ROCCO ROBERT JR****LONG ISLAND JEWISH MEDICAL CENTER****TITLE IV CLINICAL PRIVILEGES ACTION****Date of Action: 07/10/2009****Subsequent Action****Basis for Initial Action**- CLINICAL PRIVILEGES RESTORED OR REINSTATED,  
COMPLETE- FAILURE TO CONSULT OR DELAY IN SEEKING  
CONSULTATION WITH SUPERVISOR/PROCTOR

This action has related reports:

**Initial Action:** - REDUCTION OF CLINICAL PRIVILEGES**Date of Action:** 12/02/2008 **DCN:** 5500000054866129**Subsequent Action:** [This Action]**A. REPORTING  
ENTITY**

Entity Name: LONG ISLAND JEWISH MEDICAL CENTER \*

Address: 270-05 76 AVE.

City, State, Zip: NEW HYDE PARK, NY 11040

Country:

Name or Office: ROSEANNE T O'GARA-SHUBINSKY

Title or Department: ASSOCIATE EXECUTIVE DIRECTOR- QUALITY

Telephone: (718) 470-5498

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000054866129

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/26/2018:

Entity Name: LONG ISLAND JEWISH MEDICAL CENTER

Address: 27005 76TH AVE

City, State, Zip: NEW HYDE PARK, NY 11040-1402

Country:

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

Subject Name: TUTELA, ROCCO ROBERT JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 06/28/1973

Organization Name: LONG ISLAND JEWISH MEDICAL CENTER

Work Address: 1999 MARCUS AVE

SUITE 106C

City, State, ZIP: LAKE SUCCESS, NY 11042

Home Address: 60 WEST 66TH STREET

APT. 16E

City, State, ZIP: NEW YORK, NY 10023

Deceased: NO

Date of Death: 06/28/1973

Social Security Numbers (SSN): \*\*\*-\*\*-1575

National Provider Identifiers (NPI):

Professional School(s) &amp; Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)



**NPDB**P.O. Box 10832  
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Process Date: 07/10/2009

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TUTELA, ROCCO ROBERT JR

State License Number, State of Licensure: 237257, NY

Drug Enforcement Administration (DEA) Numbers: BT9496313

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

Adverse Action

Classification Code(s): CLINICAL PRIVILEGES RESTORED OR REINSTATED, COMPLETE  
(1680)

Date Action Was Taken: 07/10/2009

Date Action Became Effective: 07/10/2009

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:THE REFERENCED PRACTITIONER'S PERFORMANCE HAS BEEN  
SATISFACTORY DURING THE SIX-MONTH PROCTORING PERIOD  
IMPOSED ON DECEMBER 2, 2008, DURING WHICH THE  
PRACTITIONER WAS REQUIRED TO OBTAIN APPROVAL PRIOR TO  
SCHEDULING AND PERFORMING ANY HIGH-RISK PROCEDURES, AND  
TO PERFORM ALL SUCH PROCEDURES UNDER THE SUPERVISION OF  
A PROCTOR. ACCORDINGLY, THE RESTRICTIONS ON THE  
PRACTITIONER'S PRIVILEGES HAVE BEEN LIFTED.**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: 07/10/2009

Date of Most Recent Change: 07/10/2009

**NPDB**P.O. Box 10832  
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Process Date: 07/10/2009

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TUTELA, ROCCO ROBERT JR

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION ON  
FILE WITH DATA  
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1306979208

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

DCN: 5500000057347505

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TUTELA, ROCCO ROBERT JR

## DISCLOSURE HISTORY

Report Number: 5500000057347505

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

**Date Released**

08/27/2009

**Entity Name**SAINT PETER'S UNIVERSITY HOSPITAL  
254 EASTON AVE  
NEW BRUNSWICK, NJ 08901  
(732) 745-8693**Date Released**

09/09/2009

**Entity Name**ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL  
1 ROBERT WOOD JOHNSON PL  
NEW BRUNSWICK, NJ 08901  
(732) 828-3000**Date Released**

12/23/2009

**Entity Name**EMBLEMHEALTH  
55 WATER ST  
NEW YORK, NY 10041  
(646) 447-6572**Date Released**

12/30/2009

**Entity Name**UNITEDHEALTHCARE  
9200 WORTHINGTON RD  
WESTERVILLE, OH 43082  
(614) 410-7008**Date Released**

01/20/2010

**Entity Name**QUALCARE INC.  
30 KNIGHTSBRIDGE RD  
PISCATAWAY, NJ 08854  
(732) 562-7814

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TUTELA, ROCCO ROBERT JR

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Date Released	Entity Name
04/13/2010	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512

Date Released	Entity Name
06/29/2010	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402

Date Released	Entity Name
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TUTELA, ROCCO ROBERT JR

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01/24/2019	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639

Date Released	Entity Name
07/13/2019	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000057347505

Process Date: 07/10/2009

Page: 9 of 9

TUTELA, ROCCO ROBERT JR

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Date Released

09/10/2019

Entity Name

SELF-QUERIER

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Date Released

11/20/2019

Entity Name

CIGNA HEALTHCARE OF NEW HAMPSHIRE  
2 COLLEGE PARK DR  
HOOKSETT, NH 03106  
(603) 268-7440

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Date Released

03/02/2020

Entity Name

SELF-QUERIER