

5500000136106782

Process Date: 07/03/2018

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To: RICKERT, JEFFREY C

2699

WHISPERING OAKS ROCKWALL, TX 75087

From:

Re: National Practitioner Data Bank

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.

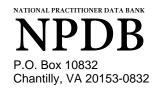
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud 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.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone 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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# RICKERT, JEFFREY C - SELF-QUERY RESPONSE

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

Practitioner Name: RICKERT, JEFFREY C

Date of Birth: 03/20/1974 Gender: MALE

Delivery Address: 2699, WHISPERING OAKS, ROCKWALL, TX 75087

Social Security Number: \*\*\*-\*\*-2744 DEA: MR1456260

**NPI:** 1972719151

License: PHYSICIAN ASSISTANT, PA04912, TX
Professional School(s): UNIVERSITY OF SAINT FRANCIS (2006)

**B. PAYMENT INFORMATION** 

Credit Card Information: XXXXXXXXXXXX5820 (01/2022)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N58184599
Transaction Date: 07/03/2018 Additional Paper Copies Requested: 0

#### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/03/2018

The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Yes, See Below Health Plan Action(s): 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): No Reports Peer Review Organization Action(s): No Reports

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

### THE MEDICAL PROTECTIVE COMPANY

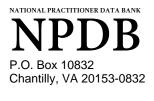
MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT Date of Action: 07/21/2011

**DCN:** 5500000069864162

	Unabridged Report(s) Follow	
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**DCN:** 5500000069864162 Process Date: 08/02/2011

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# RICKERT, JEFF C

## THE MEDICAL PROTECTIVE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 07/21/2011

**Initial Action** 

**Basis for Initial Action** 

- SETTLEMENT - FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: THE MEDICAL PROTECTIVE COMPANY \*

Address: 5814 REED RD., PO BOX 15021 City, State, Zip: FT. WAYNE, IN 46885-5021

Country:

Name or Office: Rebecca Barton

Title or Department: REGIONAL CLAIMS OPS REPRESENTATIVE

Telephone: (800) 463-3776 Ext. 6308

Entity Internal Report Reference: 107749

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 06/08/2017:

Entity Name: THE MEDICAL PROTECTIVE COMPANY

Address: PO BOX 15021 5814 REED RD

City, State, Zip: FORT WAYNE, IN 46885-5021

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: RICKERT, JEFF C

Other Name(s) Used:

Gender: MALE

Date of Birth: 03/20/1974

Organization Name:

Work Address: 1005 W RALPH HALL PKWY, SUITE 201

City, State, ZIP: ROCKWALL, TX 75032-6662

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSITY OF ST FRANCIS, ALBUQUERQUE, NM (2006)

Occupation/Field of Licensure (Code): PHYSICIAN ASSISTANT

State License Number, State of Licensure: PA04912, TX

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 08/02/2011

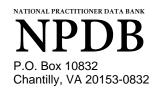
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER** 

Amount of This Payment

for This Practitioner: \$ 240,000.00



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Date of This Payment: 07/21/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 240,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 06/23/2011

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: CLAIM SETTLED BEFORE TRIAL, WITH NO ADMISSION OF

LIABILITY.

## 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: \$ 240,000.00

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?: UNKNOWN

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?: UNKNOWN

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: 40 YEARS

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: EXAMINATION OF LEFT LEG FOR CRAMPS.

Description of the Procedure Performed: TESTING AND PRESCRIBED FLEXERIL.

Nature of Allegation: DIAGNOSIS RELATED (001)

Specific Allegation: FAILURE TO DIAGNOSE (101)

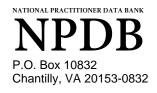
Date of Event Associated With Allegation or Incident: 08/18/2010

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:

ON AUGUST 18, 2010, AN ESTABLISHED, 40 YEAR OLD FEMALE PATIENT WAS EXAMINED BY THIS HEALTH CARE PROVIDER (HCP) FOR COMPLAINTS OF LEFT LEG MUSCLE CRAMPS. AFTER A THOROUGH PHYSICAL EXAMINATION THAT REVEALED FINDINGS OF NO PALPABLE CORDS IN THE LEGS, NO CALF/LEG REDNESS OR EDEMA, AND NEGATIVE HOMANS SIGNS, THIS HCP DIAGNOSED HER WITH LEFT LEG PAIN/CRAMPS. HOWEVER, THIS HCP ALSO DREW BLOOD FOR A BMP AND D-DIMER TEST ON A NON-STAT BASIS, ADVISING THE PATIENT THAT IF HER PROBLEMS WORSENED, THAT SHE SHOULD PRESENT AT THE ER. BEFORE THE D-DIMER TEST RESULTS WERE RECEIVED BY THIS HCP, THE PATIENT WAS TRANSPORTED BY AMBULANCE ON AUGUST 19, 2010 TO THE HOSPITAL, WHERE SHE DIED OF A DVT THAT DEVELOPED INTO A PULMONARY EMBOLISM. USING THE WELLS PREDICTION CRITERIA, THE PATIENT DID NOT SCORE ABOVE A 1, THOUGH SHE WAS MORBIDLY OBESE. SHE HAD TRAVELED DOMESTICALLY, BUT THAT WAS OVER A MONTH BEFORE SHE EXPIRED. DIMER RESULTS WERE SLIGHTLY ELEVATED BUT A SONOGRAM WAS

NOT CONDUCTED ON AUGUST 18, 2010 BECAUSE THIS HCP DID



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NOT BELIEVE THAT THE PATIENT WAS SUFFERING FROM DVT.

D. SUBJECT STATUS

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

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:

## This report is maintained under the provisions of: Title IV

Date of Original Submission:

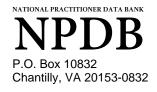
Date of Most Recent Change:

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.

08/02/2011

08/02/2011

END OF REPORT -



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# **DISCLOSURE HISTORY**

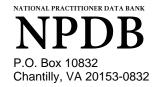
Report Number: 5500000069864162

## 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	
08/02/2011	VA NORTH TEXAS HEALTH CARE SYSTEM 4500 S LANCASTER RD OFC 11G CHIEF OF STAFF DALLAS, TX 75216 (214) 857-1167	
Date Released	Entity Name	
10/20/2011	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380	
Date Released	Entity Name	
02/15/2012	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380	
Date Released	Entity Name	
02/15/2012	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380	
Date Released	Entity Name	
03/16/2012	BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE 6800 SCENIC DR ROWLETT, TX 75088 (972) 412-3380	



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Date Released Entity Name

04/15/2012 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

05/15/2012 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

06/14/2012 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

07/14/2012 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

11/10/2012 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

01/03/2013 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

01/16/2013 CONIFER HEALTH SOLUTIONS

15821 VENTURA BLVD STE 600

ENCINO, CA 91436

(818) 461-5572



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Date Released Entity Name

02/11/2013 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

03/27/2013 SEDGWICK PREFERRED NETWORK

9601 MCALLISTER FWY STE 500 SAN ANTONIO, TX 78216

(210) 332-1637

Date Released Entity Name

04/10/2013 HEALTHSMART PREFERRED CARE

222 LAS COLINAS BLVD W STE 500N

IRVING, TX 75039 (214) 574-1171

Date Released Entity Name

04/23/2013 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

05/01/2013 MOLINA HEALTHCARE OF TEXAS

84 NE LOOP 410 STE 200 SAN ANTONIO, TX 78216

(888) 562-5442

Date Released Entity Name

05/28/2013 HERITAGE HEALTH SYSTEMS

4888 LOOP CENTRAL DR STE 300

HOUSTON, TX 77081

(713) 558-7168

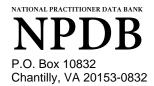
Date Released Entity Name

07/08/2013 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847



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Date Released Entity Name

07/31/2013 HERITAGE HEALTH SYSTEMS

4888 LOOP CENTRAL DR STE 300

HOUSTON, TX 77081

(713) 558-7168

Date Released Entity Name

08/30/2013 BLUE CROSS AND BLUE SHIELD OF TEXAS INC

PO BOX 650267 DALLAS, TX 75265

(972) 996-8237

Date Released Entity Name

06/19/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

04/29/2015 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

09/29/2015 HEALTHTEXAS PROVIDER NETWORK

8080 N CENTRAL EXPY STE 600

LB 82

DALLAS, TX 75206

(469) 800-8649

Date Released Entity Name

11/02/2015 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

11/02/2015 HERITAGE HEALTH SYSTEMS

4888 LOOP CENTRAL DR STE 300

HOUSTON, TX 77081

(713) 558-7168



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Date Released Entity Name

11/06/2015 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

12/10/2015 BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE

6800 SCENIC DR

ROWLETT, TX 75088

(972) 412-3380

Date Released Entity Name

12/18/2015 CONIFER HEALTH SOLUTIONS

15821 VENTURA BLVD STE 600

ENCINO, CA 91436

(818) 461-5572

Date Released Entity Name

01/21/2016 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

1603 268-7699

Date Released Entity Name

03/18/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

07/03/2018 SELF-QUERIER