

5500000157623727

Process Date: 03/02/2020

Page: 1 of 1

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.

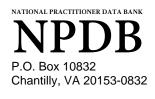
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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



5500000157623727

Process Date: 03/02/2020

Page: 1 of 2

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: XXXXXXXXXXX1001 (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): Yes, See Below 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 Yes, See Below Peer Review Organization Action(s): No Reports Clinical Privileges Action(s):

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

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

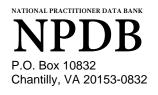
Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT Date of Action: 10/01/2012

DCN: 5500000077978972

Date of Action:

12/18/2015



5500000157623727

Process Date: 03/02/2020

Page: 2 of 2

LONG ISLAND JEWISH MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR

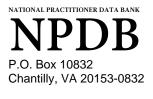
Initial Action: - REDUCTION OF CLINICAL PRIVILEGES Date of Action: 12/02/2008

DCN: 5500000054866129

Subsequent Action: - CLINICAL PRIVILEGES RESTORED OR REINSTATED, COMPLETE Date of Action: 07/10/2009

DCN: 5500000057347505

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



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 1 of 3 TUTELA, ROCCO R.

TUTELA, ROCCO R.

MPMIC DBA PROMUTUAL

MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Date of Action: 12/18/2015

Initial Action

- IMPROPER TECHNIQUE

A. REPORTING ENTITY

- SETTLEMENT

Entity Name: MPMIC DBA PROMUTUAL & 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):

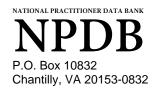
Professional School(s) & Year(s) of Graduation: SABA UNIVERSITY SCHOOL OF MEDICINE (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)

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

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 2 of 3 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.

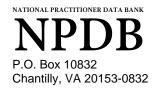
Nature of Allegation: SURGERY RELATED (020)

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



DCN: 5500000102787031 Process Date: 01/13/2016

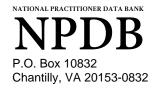
Page: 3 of 3 TUTELA, ROCCO R.

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

	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 maintaine	ed under the provisions of: Title IV
<u>-</u>	ed in this report is maintained by the National Practitioner Data Bank for restricted use under the
provisions of Title IV of P	Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal

END OF REPORT —

law. For additional information or clarification, contact the reporting entity identified in Section A.



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 1 of 4 TUTELA, ROCCO R.

DISCLOSURE HISTORY

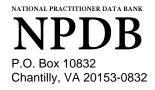
Report Number: 5500000102787031

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	Entity Name		
01/13/2016	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000		
Date Released	Entity Name		
01/26/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATE: 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403		
Date Released	Entity Name		
02/05/2016	CLOVER HEALTH 30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302 (201) 518-9691		
Date Released	Entity Name		
02/10/2016	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-14C NEWARK, NJ 07105 (973) 466-5013		
Date Released	Entity Name		
04/13/2016	CARES SURGICENTER, LLC 240 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 565-5402		



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 2 of 4 TUTELA, ROCCO R.

Date Released Entity Name

04/19/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

06/26/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

10/10/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

11/10/2016 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ FL 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

01/13/2017 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

01/26/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

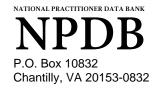
Date Released Entity Name

01/11/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 3 of 4 TUTELA, ROCCO R.

Date Released Entity Name

03/28/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

08/01/2018 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

08/21/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

08/21/2018 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

11/05/2018 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/16/2019 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

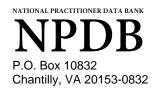
(201) 518-9691

Date Released Entity Name

01/24/2019 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639



DCN: 5500000102787031 Process Date: 01/13/2016

Page: 4 of 4 TUTELA, ROCCO R.

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

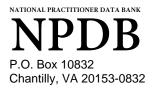
Date Released Entity Name

01/08/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693



DCN: 5500000078820734 Process Date: 12/04/2012

Page: 1 of 3 TUTELA, ROCCO JR

TUTELA, ROCCO JR

NORTHWELL HEALTH

MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Date of Action: 10/24/2012

Initial Action

- IMPROPER PERFORMANCE

A. REPORTING ENTITY

- SETTLEMENT

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) & 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

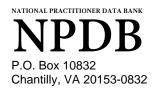
Date of Report: 12/04/2012

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - EXCESS INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment



DCN: 5500000078820734 Process Date: 12/04/2012

Page: 2 **of** 3 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: METASTIC 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)

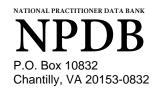
Description of the Allegations and Injuries or Illnesses Upon

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

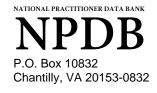
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



DCN: 5500000078820734 Process Date: 12/04/2012

Page: 3 of 3 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 maintaine	ed under the provisions of: Title IV			
The information contained provisions of Title IV of Profest the purpose for which	d in this report is maintained by the National Practitioner Data Bank for restricted use under the ublic Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal ation or clarification, contact the reporting entity identified in Section A.			
	END OF REPORT ————————————————————————————————————			



DCN: 5500000078820734 Process Date: 12/04/2012

Page: 1 of 5 TUTELA, ROCCO JR

DISCLOSURE HISTORY

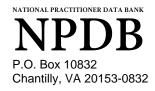
Report Number: 5500000078820734

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



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

Date Released Entity Name

08/28/2014 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

11/25/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/08/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

01/26/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

02/05/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

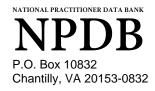
02/10/2016 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013



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

Date Released Entity Name

04/19/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

06/26/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

10/10/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

11/10/2016 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ FL 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

01/13/2017 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

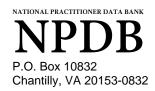
Date Released Entity Name

01/26/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106



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

Date Released Entity Name

03/28/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

08/01/2018 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

08/21/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

08/21/2018 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

11/05/2018 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

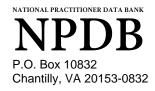
(804) 784-5555

Date Released Entity Name

01/16/2019 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691



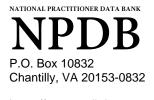
03/02/2020

DCN: 5500000078820734 Process Date: 12/04/2012

Page: 5 of 5 TUTELA, ROCCO JR

Date Released	Entity Name	
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	
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	

SELF-QUERIER



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

Basis for Initial Action

Date of Action: 10/01/2012

Initial Action

- IMPROPER PERFORMANCE

A. REPORTING ENTITY

- SETTLEMENT

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) & 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

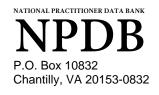
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 500,000.00



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

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: ${\tt HEPATIC}$ ${\tt MASS}$ ${\tt RESECTION}$

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

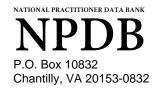
Which the Action or Claim Was Based: ALLEGED IMPROPER PERFORMANCE OF A HEPATIC MASS RESECTION

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.

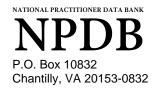


DCN: 5500000077978972 Process Date: 10/19/2012

Page: 3 of 3

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 Department of Health and Human Services and a decision was reached. The subject has requested 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 maintains	d under the previous of Title IV			
The information contained provisions of Title IV of Potential for the purpose for which	d under the provisions of: Title IV d in this report is maintained by the National Practitioner Data Bank for restricted use under the ublic Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal ation or clarification, contact the reporting entity identified in Section A.			
END OF REPORT				



DCN: 5500000077978972 Process Date: 10/19/2012

Page: 1 of 6

TUTELA, ROCCO ROBERT JR.

DISCLOSURE HISTORY

Report Number: 5500000077978972

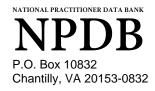
F. DISCLOSURE HISTORY

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	Entity Name
11/07/2012	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
Date Released	Entity Name
11/07/2012	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403
Date Released	Entity Name
11/13/2012	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
Date Released	Entity Name
11/19/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
01/29/2013	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396



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
Date Released	Entity Name

02/08/2013 QUALCARE INC.

30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854

(732) 562-7814

Date Released Entity Name

04/16/2013 SELF-QUERIER

Date Released Entity Name

06/12/2014 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

06/13/2014 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000

Date Released Entity Name

08/28/2014 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

11/25/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555



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

Date Released Entity Name

01/26/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

02/05/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

02/10/2016 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

04/13/2016 CARES SURGICENTER, LLC

240 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 565-5402

Date Released Entity Name

04/19/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

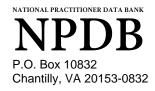
(732) 745-8693

Date Released Entity Name

06/26/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691



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

Date Released Entity Name

11/10/2016 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ FL 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

01/13/2017 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

01/26/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

01/11/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

03/28/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

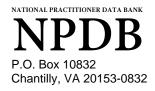
(732) 745-8693

Date Released Entity Name

08/01/2018 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403



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

Date Released Entity Name

08/21/2018 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

11/05/2018 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/16/2019 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

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

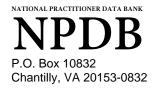
254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

09/10/2019 SELF-QUERIER



DCN: 5500000077978972 Process Date: 10/19/2012

Page: 6 of 6

TUTELA, ROCCO ROBERT JR.

Date Released

Entity Name

11/20/2019 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

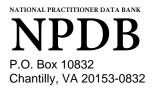
(603) 268-7440

Date Released

Entity Name

03/02/2020

SELF-QUERIER



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

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

Date of Action: 12/02/2008

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

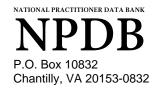
Social Security Numbers (SSN): ***-**-1575

National Provider Identifiers (NPI):

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

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 237257, NY

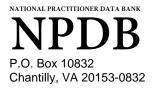


DCN: 5500000054866129 Process Date: 01/22/2009

Page: 2 of 3

TUTELA, ROCCO ROBERT JR

		L	
Name(s) of Health Care Affiliated or Associated (ement Administration (DEA) Numbers: Entity (Entities) With Which Subject Is Inclusion Does Not Imply Complicity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s):	BT9496313 TITLE IV CLINICAL P	
C. INFORMATION REPORTED	Basis for Action: Adverse Action Classification Code(s): Date Action Was Taken: Date Action Became Effective: Length of Action: Years: Months: Days:	FAILURE TO CONSULT SUPERVISOR/PROCTOR REDUCTION OF CLINIC 12/02/2008 12/02/2008 SPECIFIC PERIOD	OR DELAY IN SEEKING CONSULTATION WITH
	ubject's Act(s) or Omission(s) or Other ken and Description of Action(s) Taken by Reporting Entity:	LONG ISLAND JEWISH FOLLOWING LIMITATIO PRIVILEGES: 1) THE SURGERY, OR HIS DES IN ALL HIGH-RISK PR TO, RESECTIONS OF TO ORGANS; AND 2) THE FROM THE CHAIRMAN OF SCHEDULING AND PERF THESE LIMITATIONS STHESE LIMITATIONS WA A ROOT CAUSE ANALYS CENTER THAT IDENTIF RESPECT TO THE PERI PATIENT UPON WHOM A	B NORTH SHORE UNIVERSITY HOSPITAL AND MEDICAL CENTER SUMMARILY IMPOSED THE DINS ON THE REFERENCED PRACTITIONER'S CHAIRMAN OF THE DEPARTMENT OF SIGNEE SHALL PROCTOR THE PRACTITIONER ROCEDURES, INCLUDING, BUT NOT LIMITED PRACTITIONER MUST OBTAIN APPROVAL DEFINE TO PRACTITIONER MUST OBTAIN APPROVAL OF THE DEPARTMENT OF SURGERY PRIOR TO PORMING ANY HIGH-RISK PROCEDURES. SHALL REMAIN IN EFFECT FOR SIX MONTHS. WERE SUMMARILY IMPOSED AS A RESULT OF SIS AT LONG ISLAND JEWISH MEDICAL FIED QUALITY OF CARE CONCERNS WITH COPERATIVE CLINICAL MANAGEMENT OF A LIVER RESECTION PROCEDURE WAS ACTITIONER WAS THE PRIMARY ATTENDING ST.
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitted	a statement, it appears in this section.
E. REPORT STATUS	This report has been disputed b At the request of the subject ide	y the subject identified in S ntified in Section B, this rep Human Services to determ	ed in Section B has not contested this report. Section B. port is being reviewed by the Secretary of the ine its accuracy and/or whether it complies with



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 3 of 3

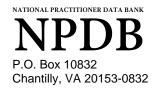
TUTELA, ROCCO ROBERT JR

		dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.
		dentified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision
	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 maintaine	ed under the provisions of: Title I	V
		e National Practitioner Data Bank for restricted use under the nd 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

END OF REPORT —

law. For additional information or clarification, contact the reporting entity identified in Section A.



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 1 of 9

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	Entity Name
02/26/2009	LONG ISLAND JEWISH MEDICAL CENTER 27005 76TH AVE NEW HYDE PARK, NY 11040 (718) 470-5498
Date Released	Entity Name
08/27/2009	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
Date Released	Entity Name
09/09/2009	ROBERT WOOD JOHNSON UNIVERSITY HOSPITA 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
Date Released	Entity Name
12/23/2009	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
Date Released	Entity Name
12/30/2009	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 2 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

01/20/2010 QUALCARE INC.

30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854

(732) 562-7814

Date Released Entity Name

02/02/2010 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

02/02/2010 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

02/04/2010 HEALTH NET

21281 BURBANK BLVD

WOODLAND HILLS, CA 91367

(818) 676-5566

Date Released Entity Name

02/22/2010 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

03/04/2010 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

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



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

Date Released Entity Name

04/13/2010 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

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

07/13/2010 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000

Date Released Entity Name

04/08/2011 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

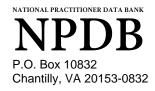
Date Released Entity Name

05/17/2011 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 4 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

06/12/2012 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000

Date Released Entity Name

07/20/2012 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

08/13/2012 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

09/26/2012 UNIVERSITY CENTER FOR AMBULATORY SURGERY, LLC

2 WORLDS FAIR DR SOMERSET, NJ 08873

(201) 265-8173

Date Released Entity Name

11/07/2012 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

11/07/2012 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

11/13/2012 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 5 of 9

TUTELA, ROCCO ROBERT JR

sed Entity Name
sed Entity Name

11/19/2012 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

01/29/2013 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

02/04/2013 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

02/08/2013 QUALCARE INC.

30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854

(732) 562-7814

Date Released Entity Name

04/16/2013 SELF-QUERIER

Date Released Entity Name

06/12/2014 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

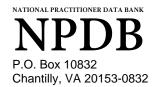
(973) 466-5013

Date Released Entity Name

06/13/2014 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 6 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

08/28/2014 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

11/25/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/08/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

01/26/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

02/05/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

02/10/2016 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

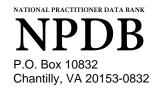
Date Released Entity Name

04/13/2016 CARES SURGICENTER, LLC

240 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 565-5402



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 7 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

04/19/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

06/26/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

10/10/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

11/10/2016 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ FL 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

01/13/2017 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

01/26/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

01/11/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 8 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

03/28/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

08/01/2018 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

08/21/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

08/21/2018 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

11/05/2018 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/16/2019 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

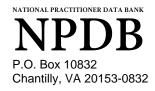
Date Released Entity Name

01/24/2019 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200

SACRAMENTO, CA 95815

(916) 263-2639



DCN: 5500000054866129 Process Date: 01/22/2009

Page: 9 of 9

TUTELA, ROCCO ROBERT JR

 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

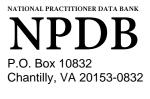
11/20/2019 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

03/02/2020 SELF-QUERIER



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

Subsequent Action

- CLINICAL PRIVILEGES RESTORED OR REINSTATED,

Basis for Initial Action

- 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

Date of Action: 07/10/2009

Subsequent Action: [This Action]

A. REPORTING **ENTITY**

COMPLETE

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

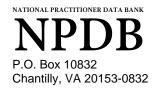
Date of Death: 06/28/1973

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

National Provider Identifiers (NPI):

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

Occupation/Field of Licensure: PHYSICIAN (MD)

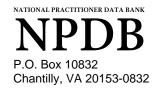


DCN: 5500000057347505 **Process Date:** 07/10/2009

Page: 2 of 3

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):	
: INFORMATION	Type of Adverse Action:	TITLE IV CLINICAL PRIVILEGES
REPORTED	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
	ubject's Act(s) or Omission(s) or Other ken and Description of Action(s) Taken	
(3,	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.
O. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitted a statement, it appears in this section.
. REPORT STATUS	Unless a box below is checked, the s	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	
	reporting requirements. No dec	Human Services to determine its accuracy and/or whether it complies with ision 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



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 3 of 3

TUTELA, ROCCO ROBERT JR

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

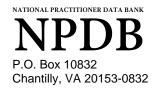
The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

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 —



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 1 of 9

TUTELA, ROCCO ROBERT JR

DISCLOSURE HISTORY

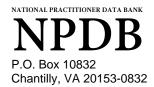
Report Number: 5500000057347505

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	Entity Name
08/27/2009	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVE NEW BRUNSWICK, NJ 08901 (732) 745-8693
Date Released	Entity Name
09/09/2009	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901 (732) 828-3000
Date Released	Entity Name
12/23/2009	EMBLEMHEALTH 55 WATER ST NEW YORK, NY 10041 (646) 447-6572
Date Released	Entity Name
12/30/2009	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
Date Released	Entity Name
01/20/2010	QUALCARE INC. 30 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854 (732) 562-7814



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 2 of

TUTELA, ROCCO ROBERT JR

Date Released	Entity Name
02/02/2010	INDEPENDENCE BLUE CROSS
	1901 MARKET ST STE 3

ET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released **Entity Name**

02/02/2010 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

02/04/2010 **HEALTH NET**

21281 BURBANK BLVD

WOODLAND HILLS, CA

(818) 676-5566

Date Released **Entity Name**

02/22/2010 ANTHEM, INC

> 200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released **Entity Name**

03/04/2010 CIGNA HEALTHCARE OF NEW HAMPSHIRE

> 2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

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

Date Released **Entity Name**

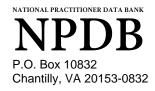
03/11/2010 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 3 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name
04/13/2010 AETNA LIFE

AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

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

07/13/2010 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000

Date Released Entity Name

04/08/2011 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

05/17/2011 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

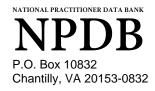
(732) 745-8693

Date Released Entity Name

06/12/2012 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

1 ROBERT WOOD JOHNSON PL NEW BRUNSWICK, NJ 08901

(732) 828-3000



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 4 of 9

TUTELA, ROCCO ROBERT JR

Date Released	Entity Name
2 410 . 10.04004	

07/20/2012 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

08/13/2012 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

09/26/2012 UNIVERSITY CENTER FOR AMBULATORY SURGERY, LLC

2 WORLDS FAIR DR SOMERSET, NJ 08873

(201) 265-8173

Date Released Entity Name

11/07/2012 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

11/07/2012 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

11/13/2012 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

11/19/2012 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008



Date Released

Date Released

08/28/2014

DCN: 5500000057347505 Process Date: 07/10/2009

Page: 5 of 9

TUTELA, ROCCO ROBERT JR

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

NEW BRUNSWICK, NJ 08901

SAINT PETER'S UNIVERSITY HOSPITAL

(732) 828-3000

254 EASTON AVE NEW BRUNSWICK, NJ

(732) 745-8693

Entity Name

Entity Name



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 6 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

11/25/2015 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/08/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

(732) 745-8693

Date Released Entity Name

01/26/2016 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

02/05/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

02/10/2016 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

04/13/2016 CARES SURGICENTER, LLC

240 EASTON AVE

NEW BRUNSWICK, NJ 08901

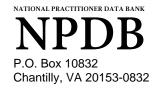
(732) 565-5402

Date Released Entity Name

04/19/2016 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 7 of 9

TUTELA, ROCCO ROBERT JR

Date Released	Entity Name

06/26/2016 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

10/10/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

11/10/2016 US FAMILY HEALTH PLAN AT SVCMC

5 PENN PLZ FL 9

NEW YORK, NY 10001

(212) 356-4903

Date Released Entity Name

01/13/2017 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(215) 587-1396

Date Released Entity Name

01/26/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

01/11/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901

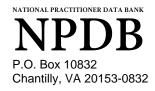
(732) 745-8693

Date Released Entity Name

03/28/2018 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 8 of 9

TUTELA, ROCCO ROBERT JR

Date Released Entity Name

08/01/2018 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 273-5403

Date Released Entity Name

08/21/2018 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

08/21/2018 HORIZON BLUE CROSS BLUE SHIELD OF NJ

3 PENN PLZ E

PP-14C

NEWARK, NJ 07105

(973) 466-5013

Date Released Entity Name

11/05/2018 ANTHEM, INC

200 BRICKSTONE SQ ANDOVER, MA 01810

(804) 784-5555

Date Released Entity Name

01/16/2019 CLOVER HEALTH

30 MONTGOMERY ST FL 15 JERSEY CITY, NJ 07302

(201) 518-9691

Date Released Entity Name

01/24/2019 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

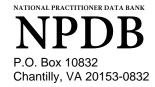
(916) 263-2639

Date Released Entity Name

07/13/2019 SAINT PETER'S UNIVERSITY HOSPITAL

254 EASTON AVE

NEW BRUNSWICK, NJ 08901



DCN: 5500000057347505 Process Date: 07/10/2009

Page: 9 of 9

TUTELA, ROCCO ROBERT JR

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