

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

5500000130413637

Process Date: 12/29/2017

Page: 1 of 1

To: LASCANO, MIGUEL LOMADA

2700 F ST STE 300

BAKERSFIELD, CA 93301-1848

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.

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

5500000130413637

Process Date: 12/29/2017

Page: 1 of 1

LASCANO, MIGUEL LOMADA - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: LASCANO, MIGUEL LOMADA
Date of Birth: 04/15/1950 **Gender:** MALE
Organization Type: MEDICAL GROUP/PRACTICE (365)
Delivery Address: 2700 F ST STE 300, BAKERSFIELD, CA 93301-1848
Social Security Number: ***-**-9138 **DEA:** BL3004847
NPI: 1114947611 **FEIN:** 208398164
UPIN: F77417
License: PHYSICIAN (MD), A50264, CA
Professional School(s): MATIAS H. AZNAR MEMORIAL COLLEGE OF MEDICINE (1978)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX6670 (06/2019)
NPDB Charge: \$4.00* **NPDB Bill Reference Number:** N55499662
 * Each charge will appear separately on your credit card statement.
Transaction Date: 12/29/2017 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/29/2017**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
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.

MUTUAL PROTECTION TRUST**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO IDENTIFY FETAL DISTRESS

Initial Action:	- SETTLEMENT	Date of Action:	01/19/2016
DCN:	5500000108754628		

MUTUAL PROTECTION TRUST**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - DELAY IN TREATMENT

Initial Action:	- SETTLEMENT	Date of Action:	04/16/2010
DCN:	5500000062076322		

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

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000108754628
Process Date: 06/02/2016
Page: 1 of 3
LASCANO, MIGUEL**LASCANO, MIGUEL****MUTUAL PROTECTION TRUST****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 01/19/2016****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO IDENTIFY FETAL DISTRESS

**A. REPORTING
ENTITY**

Entity Name: MUTUAL PROTECTION TRUST

Address: 333 S HOPE ST FL 8

City, State, Zip: LOS ANGELES, CA 90071-3001

Country:

Name or Office: SUZANNE PARK

Title or Department: CLAIMS SERVICES

Telephone: (213) 473-8631

Entity Internal Report Reference:

Type of Report: INITIAL

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

Subject Name: LASCANO, MIGUEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/15/1950

Organization Name:

Work Address: 1524 27TH ST STE 405

City, State, ZIP: BAKERSFIELD, CA 93301-2056

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: SOUTHWESTERN UNIVERSITY OF COLLEGE OF MEDICINE,
PHILIPPINES (1978)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: A50264, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 06/02/2016

Relationship of Entity to

This Practitioner: SELF-INSURED ORGANIZATION

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 175,000.00

Date of This Payment: 01/19/2016

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 175,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 12/17/2015

Adjudicative Body Case Number:

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000108754628
Process Date: 06/02/2016
Page: 2 of 3
LASCANO, MIGUEL

Adjudicative Body Name: KERN SUPERIOR

Court File Number: S1500CV280

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FINAL PAYMENT

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: \$ 175,000.00

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?:

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: 28 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: PATIENT WAS IN LABOR.

Description of the Procedure Performed: VACUUM ASSISTED VAGINAL DELIVERY.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: FAILURE TO IDENTIFY FETAL DISTRESS (103)

Date of Event Associated With Allegation or Incident: 06/04/2011

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

WHEN DR. LASCANO ARRIVED IN L&D HE WAS ASKED TO ATTEND A PATIENT WITH AN EMERGENCY BY THE L&D NURSE. HE EVALUATED THIS PATIENT'S FETAL TRACING AND DETERMINED IT WAS REASSURING ENOUGH (CATEGORY II) FOR HER TO CONTINUE THE PUSHING PROCESS WHILE HE ATTENDED TO THE OTHER EMERGENCY PATIENT BELONGING TO ANOTHER PHYSICIAN. WHEN HE WAS ALMOST FINISHED HE WAS CALLED FROM THE OR BY THE NURSE TO THIS PATIENT'S ROOM FOR BRADYCARDIA DOWN TO 60 BPM. HE ELECTED TO DO A VACUUM ASSISTED VAGINAL DELIVERY AT A +3 STATION. AT 0828 HE APPLIED THE VACUUM AND AT 0848 THE HEAD DELIVERED (20 MINUTES LATER) AND A SHOULDER DYSTOCIA WAS ENCOUNTERED LASTING LESS THAN 1 MINUTE. THE APGARS WERE 0, 1, 2. ON 6/4/2011 THE BABY WAS BORN AND TRANSFERRED TO MADERA CHILDREN'S HOSPITAL AND REMAINED FOR 2 MONTHS. HE HAD PERMANENT BRAIN DAMAGE AND SPASTIC QUADRIPLÉGIA. HE DIED ON 11/21/2012 AT 1 YEAR 5 MONTHS OF AGE.

**D. SUBJECT
STATEMENT**

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

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000108754628
Process Date: 06/02/2016
Page: 3 of 3
LASCANO, MIGUEL**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: 06/02/2016

Date of Most Recent Change: 06/02/2016

**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.

Social Security Numbers (SSN): ***-**-9138

Drug Enforcement Administration (DEA) Numbers: BL3004847

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

DISCLOSURE HISTORY

Report Number: 5500000108754628

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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

Date Released

08/26/2016

Entity NameEMPLOYEE HEALTH SYSTEMS
1600 CORPORATE CENTER DR
MONTEREY PARK, CA 91754
(213) 406-2730**Date Released**

11/04/2016

Entity NameBAKERSFIELD MEMORIAL HOSPITAL
420 34TH ST
BAKERSFIELD, CA 93301
(661) 327-4647**Date Released**

11/30/2016

Entity NameHUMANA HEALTH PLANS INC
12501 LAKEFRONT PL
LOUISVILLE, KY 40299
(502) 476-5287**Date Released**

03/02/2017

Entity NameSAN JOAQUIN COMMUNITY HOSPITAL
2615 CHESTER AVE
BAKERSFIELD, CA 93301
(661) 869-6190**Date Released**

04/24/2017

Entity NameKERN HEALTH SYSTEMS
9700 STOCKDALE HWY
BAKERSFIELD, CA 93311
(661) 664-5147

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000108754628**Process Date:** 06/02/2016**Page:** 2 of 2

LASCANO, MIGUEL

Date Released

05/19/2017

Entity NameEMPLOYEE HEALTH SYSTEMS
1600 CORPORATE CENTER DR
MONTEREY PARK, CA 91754
(213) 406-2730

Date Released

05/30/2017

Entity NameFOUNDATION FOR MEDICAL CARE OF KERN COUN
5701 TRUXTUN AVE STE 100
BAKERSFIELD, CA 93309
(661) 616-4832

Date Released

08/18/2017

Entity NameEMPLOYEE HEALTH SYSTEMS
1600 CORPORATE CENTER DR
MONTEREY PARK, CA 91754
(213) 406-2730

Date Released

10/11/2017

Entity NameBEECH STREET CORPORATION
6116 SHALLOWFORD RD STE 109B
CHATTANOOGA, TN 37421
(423) 553-6512

Date Released

12/29/2017

Entity Name

SELF-QUERIER

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000062076322
Process Date: 05/05/2010
Page: 1 of 3
LASCANO, MIGUEL**LASCANO, MIGUEL****MUTUAL PROTECTION TRUST****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 04/16/2010****Initial Action****Basis for Initial Action**

- SETTLEMENT

- DELAY IN TREATMENT

**A. REPORTING
ENTITY**Entity Name: MUTUAL PROTECTION TRUST *
Address: 333 SOUTH HOPE STREET, 8TH FLOOR
City, State, Zip: LOS ANGELES, CA 90071-1409
Country:
Name or Office: SUZANNE PARK
Title or Department: CLAIMS SERVICES
Telephone: (213) 473-8631
Entity Internal Report Reference: 08-0934
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 05/19/2017:

Entity Name: MUTUAL PROTECTION TRUST
Address: 333 S HOPE ST FL 8
City, State, Zip: LOS ANGELES, CA 90071-3001
Country:**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**Subject Name: LASCANO, MIGUEL
Other Name(s) Used:
Gender: MALE
Date of Birth: 04/15/1950
Organization Name:
Work Address: 1524 27TH STREET, NO. 405
City, State, ZIP: BAKERSFIELD, CA 93301
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: SOUTHWESTERN UNIVERSITY, PHILIPPINES (1978)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: A50264, CA
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):**C. INFORMATION
REPORTED**Date of Report: 05/05/2010
Relationship of Entity to
This Practitioner: SELF-INSURED ORGANIZATION
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment
for This Practitioner: \$ 20,000.00
Date of This Payment: 04/16/2010
This Payment Represents: A SINGLE FINAL PAYMENT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000062076322
Process Date: 05/05/2010
Page: 2 of 3
LASCANO, MIGUEL

Total Amount Paid or to Be Paid by
This Payer for This Practitioner: \$ 20,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 03/05/2010
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:

Description of Judgment or Settlement and Any
Conditions, Including Terms of Payment:

A PAYMENT OF \$20,000 WILL BE MADE TO PLAINTIFF IN
EXCHANGE FOR A FULLY EXECUTED RELEASE AND DISMISSAL OF
THE UNDERLYING COURT ACTION.

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: \$ 20,000.00
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?:

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: 19 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient
Presented for Treatment:

PATIENT PRESENTED TO THE HOSPITAL IN LABOR ON
10/20/2007. DR. LASCANO WAS ON-CALL AND ADMITTED THE
PATIENT.

Description of the Procedure Performed:

DR. LASCANO WAS CALLED AT 9:25 P.M. DUE TO CONCERNS
ABOUT FETAL HEART TRACINGS. HE CAME TO THE HOSPITAL, AN
EPIDURAL WAS BEING PLACED. THEREAFTER, FETAL MONITOR
WAS REAPPLIED BUT NO FETAL HEART BEAT WAS DETECTED AND
FETAL DEMISE WAS CONFIRMED. AUTOPSY DOCUMENTED SEVERE
CHORIOAMNIONITIS.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 10/20/2007

Outcome: DEATH (09)

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

PATIENT ALLEGED DR. LASCANO FAILED TO TIMELY EVALUATE
HER CONDITION, AND THAT THE INFANT WOULD HAVE SURVIVED
HAD A C-SECTION BEEN PERFORMED EARLIER.

**D. SUBJECT
STATEMENT**

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NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000062076322
Process Date: 05/05/2010
Page: 3 of 3
LASCANO, MIGUEL**E. REPORT STATUS**

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- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
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Date of Original Submission: 05/05/2010

Date of Most Recent Change: 05/05/2010

**F. SUPPLEMENTAL
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Social Security Numbers (SSN): ***-**-9138

Drug Enforcement Administration (DEA) Numbers: BL3004847

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END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 1 of 7

LASCANO, MIGUEL

DISCLOSURE HISTORY

Report Number: 5500000062076322

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

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Date Released	Entity Name
07/28/2010	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
07/30/2010	BLUE SHIELD OF CALIFORNIA 50 BEALE ST # 21 SAN FRANCISCO, CA 94105 (415) 229-5389
08/07/2010	GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR 4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309 (661) 716-7100
08/23/2010	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
11/24/2010	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301 (661) 327-4647

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 2 of 7

LASCANO, MIGUEL

Date Released	Entity Name
02/08/2011	SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD, CA 93301 (661) 869-6190
06/09/2011	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
07/18/2011	DELANO REGIONAL MEDICAL CENTER 1401 GARCES HWY ATTN JOSEE CZARNECKI CPCS DIRECTOR DELANO, CA 93215 (661) 721-5322
08/24/2011	KERN HEALTH SYSTEMS 9700 STOCKDALE HWY BAKERSFIELD, CA 93311 (661) 664-5147
09/06/2011	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
10/14/2011	KERN MEDICAL CENTER 1700 MOUNT VERNON AVE MEDICAL STAFF OFFICE BAKERSFIELD, CA 93306 (661) 326-2718

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 3 of 7

LASCANO, MIGUEL

Date Released	Entity Name
05/15/2012	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/13/2012	DELANO REGIONAL MEDICAL CENTER 1401 GARCES HWY ATTN JOSEE CZARNECKI CPCS DIRECTOR DELANO, CA 93215 (661) 721-5322
10/20/2012	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
10/20/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
11/02/2012	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301 (661) 327-4647
01/22/2013	FOUNDATION FOR MEDICAL CARE OF KERN COUN 5701 TRUXTUN AVE STE 100 BAKERSFIELD, CA 93309 (661) 616-4832
02/22/2013	SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD, CA 93301 (661) 869-6190

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 4 of 7

LASCANO, MIGUEL

Date Released	Entity Name
05/21/2013	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
06/19/2013	GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR 4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309 (661) 716-7100
06/26/2013	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
08/16/2013	DELANO REGIONAL MEDICAL CENTER 1401 GARCES HWY ATTN JOSEE CZARNECKI CPCS DIRECTOR DELANO, CA 93215 (661) 721-5322
08/26/2013	DELANO REGIONAL MEDICAL CENTER 1401 GARCES HWY ATTN JOSEE CZARNECKI CPCS DIRECTOR DELANO, CA 93215 (661) 721-5322
03/14/2014	KERN MEDICAL CENTER 1700 MOUNT VERNON AVE MEDICAL STAFF OFFICE BAKERSFIELD, CA 93306 (661) 326-2718

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 5 of 7

LASCANO, MIGUEL

<u>Date Released</u>	<u>Entity Name</u>
05/21/2014	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
<u>Date Released</u>	<u>Entity Name</u>
05/22/2014	KERN HEALTH SYSTEMS 9700 STOCKDALE HWY BAKERSFIELD, CA 93311 (661) 664-5147
<u>Date Released</u>	<u>Entity Name</u>
10/30/2014	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301 (661) 327-4647
<u>Date Released</u>	<u>Entity Name</u>
11/21/2014	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
<u>Date Released</u>	<u>Entity Name</u>
02/16/2015	SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD, CA 93301 (661) 869-6190
<u>Date Released</u>	<u>Entity Name</u>
01/06/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
<u>Date Released</u>	<u>Entity Name</u>
02/17/2016	INDEPENDENCE MEDICAL GROUP 1801 16TH ST STE B BAKERSFIELD, CA 93301 (866) 814-4476

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000062076322

Process Date: 05/05/2010

Page: 6 of 7

LASCANO, MIGUEL

Date Released	Entity Name
02/29/2016	GOLDEN EMPIRE MANAGED CARE, A MEDICAL GR 4550 CALIFORNIA AVE STE 500 BAKERSFIELD, CA 93309 (661) 716-7100
03/11/2016	ANTHEM, INC 200 BRICKSTONE SQ ANDOVER, MA 01810 (603) 541-2389
05/31/2016	INDEPENDENCE MEDICAL GROUP 1801 16TH ST STE B BAKERSFIELD, CA 93301 (866) 814-4476
08/26/2016	EMPLOYEE HEALTH SYSTEMS 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
11/04/2016	BAKERSFIELD MEMORIAL HOSPITAL 420 34TH ST BAKERSFIELD, CA 93301 (661) 327-4647
11/30/2016	HUMANA HEALTH PLANS INC 12501 LAKEFRONT PL LOUISVILLE, KY 40299 (502) 476-5287
03/02/2017	SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD, CA 93301 (661) 869-6190

NPDBP.O. Box 10832
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Process Date: 05/05/2010

Page: 7 of 7

LASCANO, MIGUEL

<u>Date Released</u>	<u>Entity Name</u>
04/24/2017	KERN HEALTH SYSTEMS 9700 STOCKDALE HWY BAKERSFIELD, CA 93311 (661) 664-5147
<u>Date Released</u>	<u>Entity Name</u>
05/19/2017	EMPLOYEE HEALTH SYSTEMS 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
<u>Date Released</u>	<u>Entity Name</u>
05/30/2017	FOUNDATION FOR MEDICAL CARE OF KERN COUN 5701 TRUXTUN AVE STE 100 BAKERSFIELD, CA 93309 (661) 616-4832
<u>Date Released</u>	<u>Entity Name</u>
08/18/2017	EMPLOYEE HEALTH SYSTEMS 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
<u>Date Released</u>	<u>Entity Name</u>
10/11/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
<u>Date Released</u>	<u>Entity Name</u>
12/29/2017	SELF-QUERIER