

5500000162601705

Process Date: 07/01/2020

Page: 1 of 1

To: SISNEROS, ALICE

134 E DE VARGAS ST

SANTA FE, NM 87501-2702

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

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

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

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

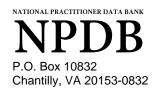
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud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

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

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

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

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



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# SISNEROS, ALICE - SELF-QUERY RESPONSE

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

Practitioner Name: SISNEROS, ALICE

Date of Birth: 09/30/1954 Gender: FEMALE

Delivery Address: 134 E DE VARGAS ST, SANTA FE, NM 87501-2702

Social Security Number: \*\*\*-\*\*-6441 DEA: MS0247937

**NPI:** 1780676700

License: NURSE PRACTITIONER, Cnp00292, NM Professional School(s): UNIVERSITY OF NEW MEXICO (1996)

**B. PAYMENT INFORMATION** 

Credit Card Information: XXXXXXXXXXXXX2711 (12/2023)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N69960859
Transaction Date: 07/01/2020 Additional Paper Copies Requested: 0

#### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/01/2020

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 No Reports Government Administrative Action(s): Judgment or Conviction Report(s): No Reports Peer Review Organization Action(s): No Reports Clinical Privileges Action(s): No Reports

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

## AMERICAN CASUALTY CO OF READING PA

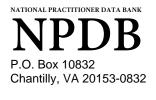
MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT Date of Action: 04/08/2009

**DCN:** 5500000056293123

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



**DCN:** 5500000056293123 Process Date: 04/29/2009

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# SISNEROS, ALICE

# AMERICAN CASUALTY CO OF READING PENNSYLVANIA

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 04/08/2009

**Initial Action** 

**Basis for Initial Action** 

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION

- FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: AMERICAN CASUALTY CO OF READING PA \*

Address: 333 S. WABASH AVE., 26 SOUTH

City, State, Zip: CHICAGO, IL 60604

Country:

Name or Office: YVETTE WHITTLER

Title or Department: CLAIM COMPLIANCE MANAGER

Telephone: (312) 822-5946

Entity Internal Report Reference: HM103899

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 10/29/2019:

Entity Name: AMERICAN CASUALTY CO OF READING PENNSYLVANIA

Address: 151 N FRANKLIN ST

City, State, Zip: CHICAGO, IL 60606-1821

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: SISNEROS, ALICE

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 09/30/1954

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 114 SPRUCE STREET City, State, ZIP: SANTA FE, NM 87501-1622

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNKNOWN (2003)

Occupation/Field of Licensure: NURSE PRACTITIONER

State License Number, State of Licensure: R19344, NM Drug Enforcement Administration (DEA) Numbers: MS0247937

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 04/29/2009

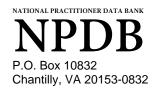
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,000,000.00



**DCN:** 5500000056293123 Process Date: 04/29/2009

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Date of This Payment: 04/08/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,000,000.00

Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 04/08/2009

Adjudicative Body Case Number: D-117-CV-2008-00319

Adjudicative Body Name: FIRST JUDICIAL DISTRICT COURT, COUNTY OF RIO ARRIBA, NM

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT OF ALL CLAIMS WITH LIABILITY

DENIED. SETTLEMENT ACCOMPLISHED TO AVOID RISKS AND

VAGARIES OF LITIGATION VENUE VERY UNFAVORABLE

#### 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: \$ 1,000,000.00

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: 38 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: CHEST PAIN, NUMBNESS IN HANDS AND SHORTNESS OF BREATH

Description of the Procedure Performed: URGENT CARE EVALUATION OF PATIENT'S COMPLAINTS

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)

Date of Event Associated With Allegation or Incident: 10/28/2007

Specific Allegation: FAILURE TO DIAGNOSE (101)

Date of Event Associated With Allegation or Incident: 10/28/2007

Outcome: DEATH (09)

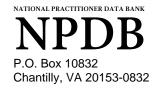
Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: ALLEGATIONS ARE THAT INSURED FAILED TO ADEQUATELY ASSESS

AND REFER PATIENT TO EMERGENCY TREATMENT RESULTING IN PATIENT'S DEATH DUE TO PULMONARY EMBOLISM AFTER BEING DISCHARGED FROM URGENT CARE FACILITY AS HAVING ASTHMA AND INSTRUCTED TO FOLLOW UP WITH PRIMARY CARE PHYSICIAN.

D. SUBJECT STATEMENT

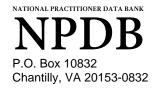
If the subject identified in Section B of this report has submitted a statement, it appears in this section.



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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.		
		entified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with cision 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.		
		entified in Section B, this report was reviewed by rtment of Health and Human Services. The Secretary's decision	
	Date of Original Submission:	04/29/2009	
	Date of Most Recent Change:	04/29/2009	
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.		
	Social Security Numbers (SSN):		
	National Provider Identifiers (NPI):		
Occupation/Field of Licensure: Nurs			
State	E License Number, State of Licensure:	AP7678, AZ	
This report is maintained	d under the provisions of: Title I\	/	
provisions of Title IV of Pu for the purpose for which i	ublic Law 99-660, as amended, and it was disclosed. Disclosure or use	National Practitioner Data Bank for restricted use under the d 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal porting entity identified in Section A.	
	END	OF REPORT	



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# **DISCLOSURE HISTORY**

Report Number: 5500000056293123

## 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	
08/13/2009	PRESBYTERIAN HEALTH PLAN PO BOX 27489 CREDENTIALING ALBUQUERQUE, NM 87125 (505) 923-8407	
Date Released	Entity Name	
01/20/2010	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 273-5403	
Date Released	Entity Name	
03/31/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847	
Date Released	Entity Name	
01/06/2011	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512	
Date Released	Entity Name	
11/03/2011	BLUE CROSS AND BLUE SHIELD OF NEW MEXICO 1001 E LOOKOUT DR RICHARDSON, TX 75082	

(972) 996-8237



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Date Released Entity Name

11/30/2011 MOLINA HEALTHCARE OF NEW MEXICO

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/20/2011 LOVELACE HEALTH PLAN

4101 INDIAN SCHOOL RD NE

SUITE 110

ALBUQUERQUE, NM 87110

(505) 727-4241

Date Released Entity Name

04/03/2012 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

04/26/2012 PRESBYTERIAN HEALTH PLAN

PO BOX 27489 CREDENTIALING

ALBUQUERQUE, NM 87125

(505) 923-8407

Date Released Entity Name

06/19/2012 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

07/17/2012 REGIONAL PHYSICIAN SERVICES, P.C. DBA MATRIX MEDICAL NETWORK

9201 E MOUNTAIN VIEW RD STE 220

SCOTTSDALE, AZ 85258

(480) 862-1701

Date Released Entity Name

08/07/2012 SELF-QUERIER



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Date Released Entity Name

09/12/2012 INSPIRIS SERVICES COMPANY

1009 WINDCROSS CT STE 101

FRANKLIN, TN 37067

(763) 361-8501

Date Released Entity Name

09/13/2012 HOSPITAL PHYSICIAN PARTNERS

300 S PARK RD STE 400 HOLLYWOOD, FL 33021

(800) 815-8377

Date Released Entity Name

09/21/2012 LOVELACE HEALTH SYSTEM

4101 INDIAN SCHOOL RD NE ALBUQUERQUE, NM 87110

(505) 727-5132

Date Released Entity Name

09/26/2012 ST. VINCENT HOSPITAL

455 SAINT MICHAELS DR MEDICAL STAFF OFFICE SANTA FE, NM 87505

(505) 913-5631

Date Released Entity Name

08/23/2013 SELF-QUERIER

Date Released Entity Name

12/04/2013 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/24/2014 BLUE CROSS AND BLUE SHIELD OF NEW MEXICO

1001 E LOOKOUT DR RICHARDSON, TX 75082

(972) 996-8237



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Date Released Entity Name

08/28/2014 EMSI, INC.

3050 REGENT BLVD STE 100

IRVING, TX 75063 (214) 689-8110

Date Released Entity Name

01/13/2015 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

02/02/2015 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

02/12/2015 ADELANTE HEALTHCARE

3033 N CENTRAL AVE PHOENIX, AZ 85012

(623) 583-3001

Date Released Entity Name

02/24/2015 YOUR HOME ADVANTAGE, INC

600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441

(754) 224-3013

Date Released Entity Name

02/25/2015 YOUR HOME ADVANTAGE, INC

600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441

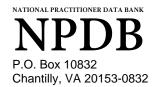
(754) 224-3013

Date Released Entity Name

02/26/2015 YOUR HOME ADVANTAGE, INC

600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441

(754) 224-3013



**DCN:** 5500000056293123 Process Date: 04/29/2009

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Date Released Entity Name

04/03/2015 HUMANA HEALTH PLANS DBA CHOICECARE HUMAN

640 EDEN PARK DR CINCINNATI, OH 45202

(513) 826-7171

Date Released Entity Name

04/09/2015 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

04/18/2015 MOUNTAIN VIEW REGIONAL MEDICAL CENTER

4311 E LOHMAN AVE LAS CRUCES, NM 88011

(575) 556-7670

Date Released Entity Name

04/20/2015 ARIZONA PHYSICIANS IPA, INC.

1 E WASHINGTON ST STE 900

PHOENIX, AZ 85004

(602) 255-8205

Date Released Entity Name

04/20/2015 HEALTH CHOICE ARIZONA, INC.

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4834

Date Released Entity Name

04/21/2015 SCHALLER ANDERSON NETWORK OF ARIZONA

4350 E COTTON CENTER BLVD

BLD D

PHOENIX, AZ 85040

(602) 453-8337

Date Released Entity Name

04/22/2015 SCHALLER ANDERSON NETWORK OF ARIZONA

4350 E COTTON CENTER BLVD

BLD D

PHOENIX, AZ 85040

(602) 453-8337



Date Released

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Date Released Entity Name

04/24/2015 CARE1ST HEALTH PLAN ARIZONA

432 N 44TH ST STE 100 PHOENIX, AZ 85008

(602) 474-1385

Date Released Entity Name

04/26/2015 BANNER UNIVERSITY OF ARIZONA HEALTH PLANS

2701 E ELVIRA RD TUCSON, AZ 85756

(520) 874-2483

05/08/2015 PHOENIX HEALTH PLAN

7878 N 16TH ST STE 105 PHOENIX, AZ 85020

(602) 824-3815

**Entity Name** 

Date Released Entity Name

05/13/2015 HEALTH CHOICE ARIZONA, INC.

410 N 44TH ST STE 900 PHOENIX, AZ 85008

(480) 760-4834

Date Released Entity Name

05/28/2015 HEALTH NET

21281 BURBANK BLVD

WOODLAND HILLS, CA 91367

(818) 676-5566

Date Released Entity Name

06/15/2015 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

06/17/2015 ARIZONA FOUNDATION FOR MEDICAL CARE

2700 N CENTRAL AVE STE 810

PHOENIX, AZ 85004

(602) 417-2337



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Date Released Entity Name

09/24/2015 IPC HEALTHCARE, INC.

4605 LANKERSHIM BLVD STE 617

PHYSICIAN STAFFING

NORTH HOLLYWOOD, CA 91602

(800) 680-2492

Date Released Entity Name

12/07/2015 UCXTRA UMBRELLA COLORADO, LLC

1660 N HIGLEY RD STE 103

GILBERT, AZ 85234

(480) 634-6270

Date Released Entity Name

12/08/2015 PRESBYTERIAN HEALTH PLAN

PO BOX 27489 CREDENTIALING

ALBUQUERQUE, NM 87125

(505) 923-8407

Date Released Entity Name

01/04/2016 UNITEDHEALTHCARE

9200 WORTHINGTON RD WESTERVILLE, OH 43082

(614) 410-7008

Date Released Entity Name

02/17/2016 BANNER HEALTH NETWORK

525 W BROWN RD MESA, AZ 85201 (480) 684-5561

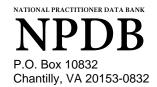
Date Released Entity Name

03/28/2016 MINUTECLINIC

1 CVS DR 200 HCD

WOONSOCKET, RI 02895

(401) 770-1767



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Date Released Entity Name

06/07/2016 SELF-QUERIER

Date Released Entity Name

07/18/2016 PRESBYTERIAN HEALTH PLAN

PO BOX 27489 CREDENTIALING

ALBUQUERQUE, NM 87125

(505) 923-8407

Date Released Entity Name

07/19/2016 TRUE HEALTH NEW MEXICO

2440 LOUISIANA BLVD NE STE 601 ALBUQUERQUE, NM 87110

(505) 404-1230

Date Released Entity Name

02/20/2017 BLUE CROSS AND BLUE SHIELD OF NEW MEXICO

1001 E LOOKOUT DR RICHARDSON, TX 75082

(972) 996-8237

Date Released Entity Name

05/03/2017 HEALTH NET FEDERAL SERVICES

2107 WILSON BLVD STE 900 ARLINGTON, VA 22201

(415) 460-8195

Date Released Entity Name

12/18/2017 CENTENE CORPORATION

7700 FORSYTH BLVD # 4 FLOOR / BUILDING A SAINT LOUIS, MO 63105

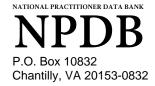
(314) 445-0371

Date Released Entity Name

01/31/2018 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440



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Date Released Entity Name

03/07/2018 SCHALLER ANDERSON NETWORK OF ARIZONA

4350 E COTTON CENTER BLVD

BLD D

PHOENIX, AZ 85040

(602) 453-8337

Date Released Entity Name

03/07/2018 HEALTH NET

21281 BURBANK BLVD

WOODLAND HILLS, CA 91367

(818) 676-5566

Date Released Entity Name

03/07/2018 BANNER UNIVERSITY OF ARIZONA HEALTH PLANS

2701 E ELVIRA RD TUCSON, AZ 8575

(520) 874-2483

Date Released Entity Name

03/28/2018 MINUTECLINIC

1 CVS DR 200 HCD

WOONSOCKET, RI 02895

(401) 770-1767

Date Released Entity Name

04/03/2018 HEALTH NET FEDERAL SERVICES

2107 WILSON BLVD STE 900 ARLINGTON, VA 22201

(415) 460-8195

Date Released Entity Name

08/20/2018 MOLINA HEALTHCARE OF NEW MEXICO

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

12/10/2018 HEALTH NET FEDERAL SERVICES

2107 WILSON BLVD STE 900 ARLINGTON, VA 22201

(415) 460-8195



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Date Released Entity Name

04/24/2019 TRUE HEALTH NEW MEXICO

2440 LOUISIANA BLVD NE STE 601 ALBUQUERQUE, NM 87110

(505) 404-1230

Date Released Entity Name

08/09/2019 MOLINA HEALTHCARE OF NEW MEXICO

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

09/27/2019 BLUE CROSS AND BLUE SHIELD OF NEW MEXICO

1001 E LOOKOUT DR RICHARDSON, TX 75082

(972) 996-8237

Date Released Entity Name

12/18/2019 UNITEDHEALTHCARE NATIONAL CREDENTIALING

5900 PARKWOOD PL DUBLIN, OH 43016

(614) 698-5927

Date Released Entity Name

03/27/2020 MINUTECLINIC

1 CVS DR 200 HCD

WOONSOCKET, RI 02895

(401) 770-1767

Date Released Entity Name

07/01/2020 SELF-QUERIER