

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

5500000102740040

Process Date: 02/23/2016

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To: SPICER, MARK ANTHONY

PO BOX 7270

MORENO VALLEY, CA 92552-7270

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 (<http://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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SPICER, MARK ANTHONY - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: SPICER, MARK ANTHONY
Date of Birth: 10/31/1961 **Gender:** MALE
Organization Name: ADVANCED NEUROSURGERY ASSOCIATES, INC.
Organization Type: MEDICAL GROUP/PRACTICE (365)
Work Address: PO BOX 7270, MORENO VALLEY, CA 92552-7270
Social Security Number: ***-**-5715 **DEA:** BS8078633
NPI: 1619905684 **FEIN:** 473238561
License: PHYSICIAN (MD), A68609, CA, NEUROLOGICAL SURGERY
Professional School(s): YALE UNIVERSITY SCHOOL OF MEDICINE (1997)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX9452 (11/2019)
NPDB Charge: \$5.00* **NPDB Bill Reference Number:** N40099668
 * Each charge will appear separately on your credit card statement.
Transaction Date: 02/23/2016 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/23/2016**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.

UNIVERSITY OF CALIFORNIA**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER MANAGEMENT**Initial Action:** - SETTLEMENT**Date of Action:** 02/15/2013**DCN:** 5500000080342458**UNIVERSITY OF CALIFORNIA****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO ORDER APPROPRIATE TEST**Initial Action:** - SETTLEMENT**Date of Action:** 12/10/2012**DCN:** 5500000078988683

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

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SPICER, MARK ANTHONY**SPICER, MARK ANTHONY****UNIVERSITY OF CALIFORNIA****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 02/15/2013****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER MANAGEMENT

**A. REPORTING
ENTITY**

Entity Name: UNIVERSITY OF CALIFORNIA *

Address: 1111 FRANKLIN STREET
8TH FLOOR

City, State, Zip: OAKLAND, CA 94607-5200

Country:

Name or Office: RICHARD WILSON

Title or Department: SENIOR COUNSEL-LITIGATION

Telephone: (510) 987-0019

Entity Internal Report Reference: 2009006786

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 01/21/2015:

Entity Name: UNIVERSITY OF CALIFORNIA

Address: 1111 FRANKLIN ST # 8

City, State, Zip: OAKLAND, CA 94607-5201

Country:

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

Subject Name: SPICER, MARK ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/31/1961

Organization Name: UNIVERSITY OF CALIFORNIA

Work Address: 11234 ANDERSON STREET

RM 2562 B

City, State, ZIP: LOMA LINDA, CA 92354

Home Address: 42516 MORNING DEW

City, State, ZIP: MURRIETA, CA 92562

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: YALE UNIVERSITY SCHOOL OF MEDICINE (1997)

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

State License Number, State of Licensure: A 68609, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 02/22/2013

Relationship of Entity to

This Practitioner: SELF-INSURED ORGANIZATION

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1.00

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SPICER, MARK ANTHONY

Date of This Payment: 02/15/2013
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1.00
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any:
 Adjudicative Body Case Number:
 Adjudicative Body Name: SAN BERNARDINO SUPERIOR COURT
 Court File Number: 1004047
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SETTLED THIS CASE FOR THE AMOUNT NOTED BELOW FOR INSTITUTIONAL, ECONOMIC, AND RISK AVOIDANCE REASONS. THE \$1.00 AMOUNT ENTERED ABOVE FOR THIS PRACTITIONER IS DUE TO THE NPDB REQUIREMENT THAT A REPORT MUST BE SUBMITTED WITH RESPECT TO A PHYSICIAN WHO IS NAMED IN THE COMPLAINT WHEN A CASE IS SETTLED AND THE FACT THIS FORM REQUIRES A NUMERIC ENTRY OTHER THAN ZERO. NO FINDING OR DETERMINATION WAS MADE OF NEGLIGENCE ON THE PART OF THE SUBJECT PRACTITIONER.

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: \$ 29,999.00
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 0

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: 66 YEARS
 Patient's Gender: FEMALE
 Patient Type: INPATIENT
 Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT WAS ADMITTED TO NON-UNIVERSITY OF CALIFORNIA HOSPITAL AFTER PRESENTATION TO EMERGENCY DEPARTMENT FOLLOWING A FALL AT HOME WITH LOSS OF CONSCIOUSNESS.
 Description of the Procedure Performed: SURGERY TO EVACUATE SUBDURAL HEMATOMA WITH SIGNIFICANT NEUROLOGICAL IMPAIRMENT SECONDARY TO SUBACUTE AND ACUTE SUBDURAL HEMATOMA.
 Nature of Allegation: MONITORING RELATED (070)
 Specific Allegation: IMPROPER MANAGEMENT (305)
 Date of Event Associated With Allegation or Incident: 01/14/2009
 Outcome: MAJOR TEMPORARY INJURY (04)
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: DURING THE EXTENDED POST-OPERATIVE HOSPITALIZATION AND PRIOR TO TRANSFER TO SKILLED NURSING FACILITY PATIENT DEVELOPED SACRAL PRESSURE ULCER THAT PROGRESSED.

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DISCLOSURE HISTORY

Report Number: 5500000080342458

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
04/03/2013	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930

Date Released	Entity Name
04/25/2013	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937

Date Released	Entity Name
03/12/2014	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052

Date Released	Entity Name
04/11/2014	COMMUNITY HEALTH GROUP 2420 FENTON STREET SUITE 100 CHULA VISTA, CA 91914 (619) 498-6438

Date Released	Entity Name
07/08/2014	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052

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SPICER, MARK ANTHONY

**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: 02/22/2013

Date of Most Recent Change: 02/22/2013

**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): ***-**-5715

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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Date Released	Entity Name
07/08/2014	LOMA LINDA UNIVERSITY HEALTH CARE 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
07/08/2014	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
12/08/2014	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
12/19/2014	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052
12/19/2014	LOMA LINDA UNIVERSITY HEALTH CARE 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
01/12/2015	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052

Date Released	Entity Name
01/20/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052
01/20/2015	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
04/03/2015	HEMET COMMUNITY MEDICAL GROUP 1545 W FLORIDA AVE HEMET, CA 92543 (951) 791-1111
04/17/2015	HEMET VALLEY MEDICAL CENTER 1117 E DEVONSHIRE AVE HEMET, CA 92543 (951) 652-2811
04/24/2015	RCM SURGERY CENTER 25405 HANCOCK AVE STE 110 MURRIETA, CA 92562 (951) 677-2333
04/27/2015	PRIMECARE MEDICAL NETWORK, INC. 3990 CONCOURS FIFTH FLOOR ONTARIO, CA 91764 (909) 605-8000
05/12/2015	MENIFEE VALLEY MEDICAL CENTER 28400 MCCALL BLVD. MENIFEE, CA 92585 (951) 672-7132

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Date Released	Entity Name
05/13/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937
05/18/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937
05/21/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
06/29/2015	REGAL MEDICAL GROUP 8510 BALBOA BLVD STE 150 NORTHRIDGE, CA 91325 (818) 654-3400
08/24/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
08/26/2015	INLAND VALLEYS IPA 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
12/28/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930

NPDB

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SPICER, MARK ANTHONY

Date Released	Entity Name
01/07/2016	MV MEDICAL MANAGEMENT 1860 COLORADO BOULEVARD SUITE 200 LOS ANGELES, CA 90041 (323) 257-7637
Date Released	Entity Name
02/23/2016	SELF-QUERIER

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SPICER, MARK ANTHONY**SPICER, MARK ANTHONY****UNIVERSITY OF CALIFORNIA****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/10/2012****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO ORDER APPROPRIATE TEST

**A. REPORTING
ENTITY**

Entity Name: UNIVERSITY OF CALIFORNIA *

Address: 1111 FRANKLIN STREET
8TH FLOOR

City, State, Zip: OAKLAND, CA 94607-5200

Country:

Name or Office: RICHARD WILSON

Title or Department: SENIOR COUNSEL-LITIGATION

Telephone: (510) 987-0019

Entity Internal Report Reference: 2009005933

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 01/21/2015:

Entity Name: UNIVERSITY OF CALIFORNIA

Address: 1111 FRANKLIN ST # 8

City, State, Zip: OAKLAND, CA 94607-5201

Country:

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

Subject Name: SPICER, MARK ANTHONY

Other Name(s) Used:

Gender: MALE

Date of Birth: 10/31/1961

Organization Name: UNIVERSITY OF CALIFORNIA

Work Address: LOMA LINDA MEDICAL CENTER

11234 ANDERSON STREET, RM 2562 B

City, State, ZIP: LOMA LINDA, CA 92354

Home Address: 42516 MORNING DEW COURT

City, State, ZIP: MURRIETA, CA 92562

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: YALE UNIVERSITY SCHOOL OF MEDICINE (1997)

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

State License Number, State of Licensure: A 68609, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 12/12/2012

Relationship of Entity to

This Practitioner: SELF-INSURED ORGANIZATION

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1.00

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Date of This Payment: 12/10/2012
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1.00
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any: 11/30/2012
 Adjudicative Body Case Number:
 Adjudicative Body Name: RIVERSIDE COUNTY SUPERIOR COURT - CENTRAL DIVISION
 Court File Number: RIC 543448
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SETTLED THIS CASE FOR THE AMOUNT NOTED BELOW FOR INSTITUTIONAL, ECONOMIC, AND RISK AVOIDANCE REASONS. THE \$1.00 AMOUNT ENTERED ABOVE FOR THIS PRACTITIONER IS DUE TO THE NPDB REQUIREMENT THAT A REPORT MUST BE SUBMITTED WITH RESPECT TO A PHYSICIAN WHO IS NAMED IN THE COMPLAINT WHEN A CASE IS SETTLED AND THE FACT THIS FORM REQUIRES A NUMERIC ENTRY OTHER THAN ZERO. NO FINDING OR DETERMINATION WAS MADE OF NEGLIGENCE ON THE PART OF THE SUBJECT PRACTITIONER.

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: \$ 29,999.00
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 0

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: 67 YEARS
 Patient's Gender: MALE
 Patient Type: INPATIENT
 Description of the Medical Condition With Which the Patient Presented for Treatment: NORMAL PRESSURE HYDROCEPHALUS REQUIRING INSTALLATION AND CARE OF A VENTRICULOPERITONEAL (VP) SHUNT, WITH OPERATION NEEDED TO RE-INSTALL A MALFUNCTIONING DISTAL SHUNT.
 Description of the Procedure Performed: REMOVAL OF MALFUNCTIONING DISTAL VP SHUNT WITH RE-INSTALLATION OF A SHUNT, WITH FOLLOW UP MAINTENANCE AND CARE BY SUBJECT PRACTITIONER AND OTHER PROVIDERS.
 Nature of Allegation: MONITORING RELATED (070)
 Specific Allegation: FAILURE TO ORDER APPROPRIATE TEST (108)
 Date of Event Associated With Allegation or Incident: 01/17/2009
 Outcome: DEATH (09)
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED FAILURE TO TEST FOR SHUNT INFECTION, WITH DEVELOPMENT OF AN INFECTION ALLEGEDLY SECONDARY TO THE VP SHUNT, LEADING TO DETERIORATION IN PATIENT STATUS AND TO A PULMONARY EMBOLI, RESULTING IN DEATH.

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SPICER, MARK ANTHONY**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: 12/12/2012

Date of Most Recent Change: 12/12/2012

**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.

Social Security Numbers (SSN): ***-**-5715

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: 5500000078988683

**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
12/14/2012	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052
12/14/2012	LOMA LINDA UNIVERSITY HEALTH CARE 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
04/03/2013	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
04/25/2013	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937
03/12/2014	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052

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<u>Date Released</u>	<u>Entity Name</u>
04/11/2014	COMMUNITY HEALTH GROUP 2420 FENTON STREET SUITE 100 CHULA VISTA, CA 91914 (619) 498-6438
07/08/2014	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052
07/08/2014	LOMA LINDA UNIVERSITY HEALTH CARE 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
07/08/2014	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
12/08/2014	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
12/19/2014	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052

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<u>Date Released</u>	<u>Entity Name</u>
12/19/2014	LOMA LINDA UNIVERSITY HEALTH CARE 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
01/12/2015	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
01/20/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER 11314 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 (909) 558-6052
01/20/2015	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL 11314 MOUNTAIN VIEW AVE CAMBRIDGE BLDG LOMA LINDA, CA 92354 (909) 558-6052
04/03/2015	HEMET COMMUNITY MEDICAL GROUP 1545 W FLORIDA AVE HEMET, CA 92543 (951) 791-1111
04/17/2015	HEMET VALLEY MEDICAL CENTER 1117 E DEVONSHIRE AVE HEMET, CA 92543 (951) 652-2811

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<u>Date Released</u>	<u>Entity Name</u>
04/24/2015	RCM SURGERY CENTER 25405 HANCOCK AVE STE 110 MURRIETA, CA 92562 (951) 677-2333
04/27/2015	PRIMECARE MEDICAL NETWORK, INC. 3990 CONCOURS FIFTH FLOOR ONTARIO, CA 91764 (909) 605-8000
05/12/2015	MENIFEE VALLEY MEDICAL CENTER 28400 MCCALL BLVD. MENIFEE, CA 92585 (951) 672-7132
05/13/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937
05/18/2015	LOMA LINDA UNIVERSITY MEDICAL CENTER MUR 28062 BAXTER RD MURRIETA, CA 92563 (951) 704-1937
05/21/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
06/29/2015	REGAL MEDICAL GROUP 8510 BALBOA BLVD STE 150 NORTHRIDGE, CA 91325 (818) 654-3400

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<u>Date Released</u>	<u>Entity Name</u>
08/24/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
08/26/2015	INLAND VALLEYS IPA 1600 CORPORATE CENTER DR MONTEREY PARK, CA 91754 (213) 406-2730
12/28/2015	INLAND EMPIRE HEALTH PLAN (IEHP) 10801 6TH ST RANCHO CUCAMONGA, CA 91730 (909) 890-2930
01/07/2016	MV MEDICAL MANAGEMENT 1860 COLORADO BOULEVARD SUITE 200 LOS ANGELES, CA 90041 (323) 257-7637
02/23/2016	SELF-QUERIER