

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

5500000127745693

Process Date: 09/21/2017

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To: AUSMAN, JAMES IVAN

70950 FAIRWAY DR

RANCHO MIRAGE, CA 92270-2606

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

Practitioner Name: AUSMAN, JAMES IVAN
Date of Birth: 12/10/1937 **Gender:** MALE
Delivery Address: 70950 FAIRWAY DR, RANCHO MIRAGE, CA 92270-2606
Social Security Number: ***-**-9331 **DEA:** AA8372687
NPI: 1902919160
License: PHYSICIAN (MD), C30374, CA, NEUROLOGICAL SURGERY
Professional School(s): UNIVERSITY OF MINNESOTA MEDICAL SCHOOL-MINNEAPOLIS-NEUROSURGERY (1972)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX1138 (06/2019)
NPDB Charge: \$4.00* **NPDB Bill Reference Number:** N54324804
 * Each charge will appear separately on your credit card statement.
Transaction Date: 09/21/2017 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/21/2017**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.

ST PAUL FIRE & MARINE INSURANCE COMPANY**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - WRONG PROCEDURE OR TREATMENT**Initial Action:** - SETTLEMENT**DCN:** 5500000051173385**Date of Action:** 04/14/2008

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

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AUSMAN, JAMES I

AUSMAN, JAMES I**ST PAUL FIRE & MARINE INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 04/14/2008****Initial Action****Basis for Initial Action**

- SETTLEMENT

- WRONG PROCEDURE OR TREATMENT

**A. REPORTING
ENTITY**

Entity Name: ST PAUL FIRE & MARINE INSURANCE COMPANY *

Address: 200 N. LASALLE, STE 2200

City, State, Zip: CHICAGO, IL 60601

Country:

Name or Office: JUNE BOUCAUD - BI CLAIM OPERATIONS

Title or Department: OPERATIONS ANALYST

Telephone: (860) 277-9838

Entity Internal Report Reference: CKE0108

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 06/05/2017:

Entity Name: ST PAUL FIRE & MARINE INSURANCE COMPANY

Address: ONE TOWER SQUARE 07MS

City, State, Zip: HARTFORD, CT 06183-0001

Country:

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

Subject Name: AUSMAN, JAMES I

Other Name(s) Used:

Gender: MALE

Date of Birth: 12/10/1937

Organization Name:

Work Address: 69844 HIGHWAY 111

SUITE C

City, State, ZIP: RANCHO MIRAGE, CA 92270

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: JOHNS HOPKINS MEDICAL SCHOOL (1962)

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

State License Number, State of Licensure: 36083159 EXPIRED, IL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 05/14/2008

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 266,667.00

Date of This Payment: 04/14/2008

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This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 266,667.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 03/28/2008

Adjudicative Body Case Number: 2006L6341

Adjudicative Body Name:

Court File Number:

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

THE PRESENT SETTLEMENT WAS THE SOLE DECISION OF THE INSURER AND WAS WITHOUT THE CONSENT OF DR. JAMES AUSMAN. NEVERTHELESS, THE SETTLEMENT RELEASE ENTERED INTO WITH THE PATIENT'S REPRESENTATIVE INCLUDED THE ADMISSION AND ACKNOWLEDGMENT OF THE PARTIES THAT IT WAS ENTERED AS A COMPROMISE OF A DISPUTED CLAIM AND THE SETTLEMENT PAYMENT IS NOT TO BE CONSTRUED AS AN ADMISSION OF LIABILITY, AS LIABILITY WAS EXPRESSLY DENIED BY DR. JAMES AUSMAN. FURTHER, THE RELEASE SIGNED BY PLAINTIFF EXTINGUISHED ALL CLAIMS AGAINST DR. JAMES AUSMAN WITHOUT ANY ADMISSION OF GUILT OR LIABILITY. THE TOTAL SETTLEMENT AMOUNT PAID BY THE INSURER, SPLIT EQUALLY AMONG THREE PHYSICIANS, WAS \$800,000.00 SPLIT BETWEEN CASH (\$400,000.00) AND A STRUCTURE (\$400,000.00).

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: \$ 800,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 3

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: 23 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

THE PATIENT HAD A LARGE ARTERIOVENOUS MALFORMATION (AVM) WHICH HER PHYSICIANS BELIEVED COULD NOT BE SURGICALLY REMOVED. THE PATIENT ULTIMATELY PRESENTED AND SIGNED A WRITTEN CONSENT TO ALLOW CERTAIN PHYSICIANS, OTHER THAN DR. AUSMAN, TO PERFORM AN EMBOLIZATION PROCEDURE BY AN INTERVENTIONAL RADIOLOGIST. DR. AUSMAN DID NOT PARTICIPATE IN THE PATIENT'S EMBOLIZATIONS.

Description of the Procedure Performed:

IN ORDER TO TRY AND REDUCE THE PATIENT'S LARGE AVM, SHE PRESENTED ON SEVERAL OCCASIONS FOR EMBOLIZATION PERFORMED BY HER INTERVENTIONAL RADIOLOGIST. DR. AUSMAN IS A NEUROSURGEON AND DID NOT PARTICIPATE IN THE PATIENT'S EMBOLIZATION.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: WRONG PROCEDURE OR TREATMENT (334)

Date of Event Associated With Allegation or Incident: 04/17/1999

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Outcome: DEATH (09)

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

THE PATIENT, WHILE IN RECOVERY AFTER HER LAST EMBOLIZATION EFFORT, PERFORMED BY HER INTERVENTIONAL RADIOLOGIST, DEVELOPED AN INTRAVENTRICULAR HEMORRHAGE AND SUBSEQUENTLY EXPIRED. THE PATIENT HAD PREVIOUSLY PRESENTED FOR EMBOLIZATION ON SEVERAL PRIOR INSTANCES WITHOUT INCIDENT. THE ALLEGATIONS AGAINST DR. JAMES AUSMAN, WHO DID NOT PARTICIPATE IN THE PATIENT'S EMBOLIZATION, WHICH WAS NEVER SUPPORTED BY EXPERT TESTIMONY AND DENIED BY DR. AUSMAN, WAS THAT THE PATIENT DID NOT UNDERSTAND THE INFORMED CONSENT PROVIDED TO HER AND/OR THAT A SURGICAL RESECTION SHOULD HAVE BEEN UNDERTAKEN IN LIEU OF EMBOLIZATION.

**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: 05/14/2008

Date of Most Recent Change: 05/14/2008

**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): ***-**-9331

Drug Enforcement Administration (DEA) Numbers: AA8372687

NATIONAL PRACTITIONER DATA BANK

NPDB

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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: 5500000051173385

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
10/17/2008	RONALD REAGAN UCLA MEDICAL CENTER 924 WESTWOOD BLVD STE 900 LOS ANGELES, CA 90024 (310) 267-5990
10/17/2008	UCLA MEDICAL GROUP 924 WESTWOOD BLVD STE 900 MC178346 LOS ANGELES, CA 90024 (310) 267-5990
10/20/2008	LAC-HARBOR/UCLA MEDICAL CENTER 1000 W CARSON ST # 36 TORRANCE, CA 90502 (310) 222-2911
10/12/2010	RONALD REAGAN UCLA MEDICAL CENTER 924 WESTWOOD BLVD STE 900 LOS ANGELES, CA 90024 (310) 267-5990
10/12/2010	UCLA MEDICAL GROUP 924 WESTWOOD BLVD STE 900 MC178346 LOS ANGELES, CA 90024 (310) 267-5990

Date Released	Entity Name
11/04/2010	LAC-HARBOR/UCLA MEDICAL CENTER 1000 W CARSON ST # 36 TORRANCE, CA 90502 (310) 222-2911
09/17/2012	LAC-HARBOR/UCLA MEDICAL CENTER 1000 W CARSON ST # 36 TORRANCE, CA 90502 (310) 222-2911
11/13/2012	RONALD REAGAN UCLA MEDICAL CENTER 924 WESTWOOD BLVD STE 900 LOS ANGELES, CA 90024 (310) 267-5990
11/13/2012	UCLA MEDICAL GROUP 924 WESTWOOD BLVD STE 900 MC178346 LOS ANGELES, CA 90024 (310) 267-5990
04/18/2014	UCLA MEDICAL GROUP 924 WESTWOOD BLVD STE 900 MC178346 LOS ANGELES, CA 90024 (310) 267-5990
04/18/2014	RONALD REAGAN UCLA MEDICAL CENTER 924 WESTWOOD BLVD STE 900 LOS ANGELES, CA 90024 (310) 267-5990
09/27/2014	LAC-HARBOR/UCLA MEDICAL CENTER 1000 W CARSON ST # 36 TORRANCE, CA 90502 (310) 222-2911

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Date Released	Entity Name
03/01/2016	DESERT REGIONAL MEDICAL CENTER 1150 N INDIAN CANYON DR PALM SPRINGS, CA 92262 (760) 323-6158
04/05/2016	EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270 (760) 773-1222
05/22/2016	DESERT REGIONAL MEDICAL CENTER 1150 N INDIAN CANYON DR PALM SPRINGS, CA 92262 (760) 323-6158
08/08/2016	EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270 (760) 773-1222
09/27/2016	LAC-HARBOR/UCLA MEDICAL CENTER 1000 W CARSON ST # 36 TORRANCE, CA 90502 (310) 222-2911
12/07/2016	RONALD REAGAN UCLA MEDICAL CENTER 924 WESTWOOD BLVD STE 900 LOS ANGELES, CA 90024 (310) 267-5990
12/07/2016	UCLA MEDICAL GROUP 924 WESTWOOD BLVD STE 900 MC178346 LOS ANGELES, CA 90024 (310) 267-5990

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Date Released

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Entity Name

SELF-QUERIER
