

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

PHILLIP D. ALSCHER, M.D., RESPONDENT

FILE NO. 02-12-458

STATEMENT OF CHARGES and SETTLEMENT AGREEMENT
(Combined)

COMES NOW the Iowa Board of Medicine (Board) and Phillip D. Alscher, M.D., (Respondent), on February 6, 2015, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into this combined Statement of Charges and Settlement Agreement.

STATEMENT OF CHARGES

1. Respondent was issued Iowa medical license no. 31119 on March 26, 1996.
2. Respondent's Iowa medical license is active and will next expire on November 1, 2016.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

COUNT I

4. **FAILURE TO CONFORM TO THE ACCEPTABLE PRACTICE OF MEDICINE:** Respondent is charged pursuant to Iowa Code sections 148.6(2)(g) and 653 IAC 23.1(2)(f) with being guilty of a willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine or the committing by a physician of an act contrary to honesty, justice, or good morals.

STATEMENT OF THE MATTERS ASSERTED

5. **PRACTICE SETTING:** Respondent is an Iowa-licensed physician who formerly practiced nephrology in Mason City, Iowa, and practiced one day a month at outpatient renal dialysis clinics in Algona and Charles City, Iowa. Respondent currently practices hospital based medicine in Marshalltown, Iowa.

6. **FAILURE TO CONFORM TO THE ACCEPTABLE PRACTICE OF MEDICINE:** The Board alleges that Respondent failed to perform, and improperly documented and billed for, numerous face-to-face visits for patients at the outpatient renal dialysis clinics in Algona and Charles City, Iowa, between 2006 and 2012.

SETTLEMENT AGREEMENT

7. **CITATION AND WARNING:** Respondent is hereby **CITED** for failing to perform, and improperly documenting and billing for, numerous face-to-face visits for patients at the outpatient renal dialysis clinics in Algona and Charles City, Iowa, between 2006 and 2012. Respondent is hereby **WARNED** that such conduct in the future may result in further disciplinary action against his Iowa medical license.

8. **CIVIL PENALTY:** Respondent shall pay a **\$10,000 civil penalty** within twenty (20) days of the date of this order. The civil penalty shall be payable to the Treasurer of Iowa and shall be mailed to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

9. **PROFESSIONAL ETHICS PROGRAM:** Respondent shall successfully complete the Professional/Problem Based Ethics (PROBE) program sponsored by the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Blvd., Suite 100, Denver, CO 80230, 303-577-3232, within ninety (90) days of the date of this order. Respondent shall ensure that a report is sent directly to the Board. Respondent is responsible for all costs associated with the program.

10. **CODING AND BILLING COURSE:** Respondent successfully completed a nephrology coding and billing course on September 18, 2012.

11. **THREE YEARS PROBATION:** Respondent is placed on **probation for a period of three (3) years** subject to the following terms and conditions:

A. **Board Monitoring Program:** Within thirty days of the date of this Order, Respondent shall establish a Board monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program.

B. Worksite Monitoring Program: Within thirty days of the date of this Order, Respondent shall establish a worksite monitoring program with the Board.

- 1) Respondent shall submit for Board approval the name and CV of a physician who regularly observes and/or supervises Respondent in the practice of medicine.
- 2) The Board shall provide a copy of all Board orders relating to this matter to the worksite monitor.
- 3) The worksite monitor shall provide a written statement indicating that they have read and understand this Order and agrees to serve under the terms of this Order.
- 4) The worksite monitor shall agree to inform the Board immediately if there is evidence of improper billing practices, unethical or unprofessional conduct or inappropriate patient care.
- 5) The worksite monitor may be asked to appear before the Board in-person, or by telephone or video conferencing. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).
- 6) The worksite monitor shall submit quarterly reports to the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.

C. Quarterly Reports: Respondent shall file sworn quarterly reports attesting to his compliance with all the terms of this Order no later than 1/10, 4/10, 7/10 and 10/10 of each year for the duration of the period of this Order.

D. **Board Appearances:** Respondent shall appear before the Board annually or upon request of the Board during the period of this order. Respondent shall be given notice of the date, time and location of the appearances. The appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).

E. **Monitoring Fee:** Respondent shall pay \$300 to the Board each quarter for the duration of his probation to cover the Board's monitoring expenses. Respondent shall send the monitoring fee with each quarterly report to: Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine.

12. Respondent voluntarily submits this Order to the Board for consideration.

13. This Order constitutes the resolution of a contested case proceeding. Respondent's consent to this Order shall not be considered an admission of liability by Respondent.

14. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all medical licensing boards where Respondent holds a license, whether active or not, within thirty (30) days of the date of this order.

15. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all hospitals, clinics and/or agencies where Respondent is employed as a physician within thirty (30) days of the date of this order.

16. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, Respondent cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

17. By entering into this Order, Respondent understands that he has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order.

18. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

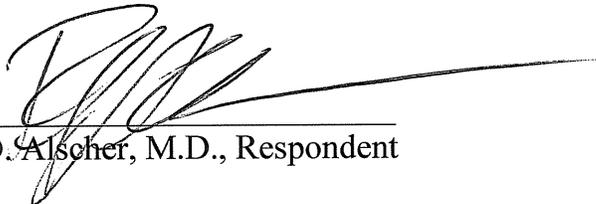
19. Periods in which Respondent resides or practices outside the state of Iowa, does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

20. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank.

21. The Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

22. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

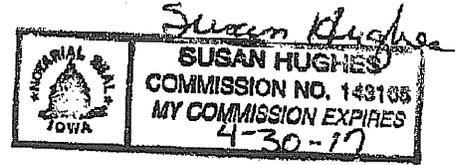
23. The Board's approval of this Order shall constitute a **Final Order** of the Board.



Phillip D. Alscher, M.D., Respondent

Subscribed and sworn to before me on January 27, 2015.

Notary Public, State of Iowa.



This Order is approved by the Board on February 6, 2015.

A handwritten signature in black ink, appearing to be 'Hamed H. Tewfik', written over a horizontal line.

Hamed H. Tewfik, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686