

EFFECTIVE AS A FINAL ORDER

FILED

JUL 09 2021

DATE: 8.17.2021

KS State Board of Healing Arts ^{AD}

**BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS**

In the Matter of

Docket No. 21-HA00088

Matthew S. Pappy, M.D.
Kansas License No. 04-41214

AMENDED SUMMARY ORDER

NOW ON THIS 9th day of July 2021, this matter comes before Tucker L. Poling, Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A. 77-537 and K.S.A. 77-542, this Amended Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. Matthew S. Pappy, M.D. ("Licensee") was first issued License No. 04-41214 to practice medicine and surgery on July 13, 2018. Licensee has held an Active license since that date.

2. Licensee's last mailing address known to the Board is: **CONFIDENTIAL**
CONFIDENTIAL Licensee's last email address known to the Board is
CONFIDENTIAL

3. During all times relevant to the facts set forth in this Amended Summary Order, Licensee held an Active license to practice medicine and surgery in Kansas.

**Amended Summary Order
Matthew S. Pappy, M.D.**

4. The factual basis for this Order is as follows:

a. On or about July 13, 2018, Licensee was issued an Active license in Kansas by and through a Letter of Qualification issued by the Wisconsin Medical Examining Board, in accordance with the Interstate Medical Licensure Compact. (Bd. Ex. 1.)

b. The Letter of Qualification specifically notified Licensee “You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.” (emphasis in original). (Bd. Ex. 2).

c. An initial search of the KHCSF Data Information showed Licensee was not in compliance with KHCSF statutory requirements during the following periods:

i. July 13, 2018, through October 1, 2018; and

ii. October 29, 2018, through June 3, 2021. (Bd. Ex. 3).

d. After receiving the initial Summary Order, Licensee came into compliance with the HCSF surcharge requirements. Licensee was out of compliance from October 29, 2018 through October 27, 2020. (Bd. Ex. 4).

Applicable Law

5. Under the Kansas Healing Arts Act, K.S.A. 65-2809(c),

The board, prior to renewal of a license, shall require an active licensee to submit to the board evidence satisfactory to the board that licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments there to, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto.

6. K.S.A. 40-3402 states:

(a) A policy of professional liability insurance approved by the commissioner and issued by an insurer duly authorized to transact business in this state in which the limit of the insurer's liability is not less than \$200,000 per claim, subject to not less

than a \$600,000 annual aggregate for all claims made during the policy period, shall be maintained in effect by each resident health care provider as a condition of active licensure or other statutory authorization to render professional service as a health care provider in this state, unless such health care provider is a self-insurer. . .

(b) A nonresident health care provider shall not be licensed to actively render professional service as a health care provider in this state unless such health care provider maintains continuous coverage in effect as prescribed by subsection (a), except such coverage may be provided by a non-admitted insurer who has filed the form required by subsection (b)(1). This provision shall not apply to optometrists and pharmacists on or after July 1, 1991 nor to physical therapists on and after July 1, 1995.

(1) Every insurance company authorized to transact business in this state, that is authorized to issue professional liability insurance in any jurisdiction, shall file with the commissioner, as a condition of its continued transaction of business within this state, a form prescribed by the commissioner declaring that its professional liability insurance policies, wherever issued, shall be deemed to provide at least the insurance required by this subsection when the insured is rendering professional services as a nonresident health care provider in this state. Any nonadmitted insurer may file such a form.

(2) Every nonresident health care provider who is required to maintain basic coverage pursuant to this subsection shall pay the surcharge levied by the board of governors pursuant to subsection (a) of K.S.A. 40-3404 and amendments thereto directly to the board of governors and shall furnish to the board of governors the information required in subsection (a)(1). . .

7. K.S.A. 40-3404 states:

(a) Except for any health care provider whose participation in the fund has been terminated pursuant to subsection (i) of K.S.A. 40-3403, and amendments thereto, the board of governors shall levy an annual premium surcharge on each health care provider who has obtained basic coverage and upon each self-insurer for each year.

(b) In the case of a resident health care provider who is not a self-insurer, the premium surcharge shall be collected in addition to the annual premium for the basic coverage by the insurer and shall not be subject to the provisions of K.S.A. 40-252, 40-955 and 40-2801 et seq., and amendments thereto. The amount of the premium surcharge shall be shown separately on the policy or an endorsement thereto and shall be specifically identified as such. Such premium surcharge shall be due and payable by the insurer to the board of governors within 30 days after the annual premium for the basic coverage is received by the insurer. Within 15 days immediately following the effective date of this act, the board of governors shall send to each insurer information necessary for their compliance with this

subsection. The certificate of authority of any insurer who fails to comply with the provisions of this subsection shall be suspended pursuant to K.S.A. 40-222, and amendments thereto, until such insurer shall pay the annual premium surcharge due and payable to the board of governors. In the case of a nonresident health care provider or a self-insurer, the premium surcharge shall be paid upon submitting documentation of compliance with K.S.A. 40-3402, and amendments thereto.

8. Under K.S.A. 65-2836, a license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, upon a finding of the existence of any of the following grounds:

(z) The licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

Conclusions of Law

9. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

10. The Board finds that Licensee violated K.S.A. 65-2836(z), in that Licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

11. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to persons other than Licensee.

IT IS FURTHER ORDERED that Licensee is hereby **PUBLICLY CENSURED**, and that Licensee is assessed a **CIVIL FINE** in the amount of one thousand dollars (**\$1,000.00**) for violations of the Healing Arts Act, due within thirty (30) days after this Order becomes a Final


Order. Such fine shall be paid to the "Kansas State Board of Healing Arts," in full. All monetary payments, which shall be in the form of check or money order, relating to this Amended Summary Order shall be mailed to the Board certified and addressed to:

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612
KSBHA_ComplianceCoordinator@ks.gov

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 9th day of July _____ 2021.

**KANSAS STATE BOARD
OF HEALING ARTS .**



Tucker L. Poling
Executive Director

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Tucker L. Poling, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a true copy of the foregoing **FINAL ORDER** was served this 17th day of August 2021 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Matthew Pappy, M.D.
CONFIDENTIAL


And a copy was hand-delivered to:

Matthew Gaus
Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.



STATE OF KANSAS

KANSAS STATE BOARD OF HEALING ARTS
800 SW JACKSON, LOWER LEVEL-SUITE A
TOPEKA, KS 66612



PHONE: 785-296-7413
FAX: 785-368-7103
www.ksbha.org
KSBHA_healingarts@ks.gov

GOVERNOR JEFF COLYER M.D.
KATHLEEN SELZLER-LIPPERT, EXECUTIVE DIRECTOR

July 13, 2018

Matthew Saji Pappy, MD
CONFIDENTIAL

Dear Matthew Saji Pappy:

This letter is to inform you that your application for a Medical Doctor (MD) Active license in the State of Kansas was approved by the Board of Healing Arts. Your original wall certificate and wallet card will be mailed in 2 to 4 weeks.

This is to serve as evidence that you have been assigned Kansas Certificate Number 04-41214 effective: 07/13/2018. Prior to cancellation 07/31/2019, a renewal notice will be mailed to your current mailing address listed with our office.

If you have moved since you made application with us, please notify our office in writing of the change of address. Your address cannot be changed until we receive this notification.

If you have any questions, please feel free to contact the Board Office.

Sincerely,

Kathleen Selzler Lippert
Executive Director

BOARD MEMBERS: DAVID LAHA, DFM, PRESIDENT, Overland Park • ROBIN D. DURRETT, DO, VICE PRESIDENT, Hoisington • R. JERRY DEGRADO, DC, Wichita
TOM ESTEP, MD, Wichita • STEVEN J. GOULD, DC, Wichita • ANNE HODGDON, PUBLIC MEMBER, Lenexa • JOEL R. HUTCHINS, MD, Holton
M. MYRON LEINWETTER, DO, Rossville • DOUGLAS J. MILFELD, MD, Wichita • GAROLD O. MINNS, MD, Bel Aire • JOHN F. SETTICH, PH.D., PUBLIC MEMBER, Atchison
KIMBERLY J. TEMPLETON, MD, Leawood • RONALD M. VARNER, DO, El Dorado • TERRY L. WEBB, DC, Hutchinson • , ,

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA_healingarts@ks.gov

EXHIBIT	1
BD / LIC / APP	
CASE NAME	Pappy
DOCKET	21-4400688

Letter of Qualification

Date 07/27/2017
mm/dd/yyyy

Name: Matthew Saji Pappy

CONFIDENTIAL

Address:

CityStZip

Dear Dr. Pappy:

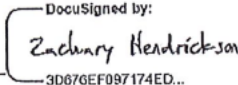
RE: Your application for IMLC Letter of Qualification

The WISCONSIN MEDICAL EXAMINING BOARD ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

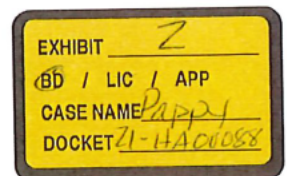
An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL 
Type Name Zachary Hendrickson

Title of Authorized SPL Records Management Program Supervisor

DATE 7/27/2017 | 1:02 PDT



HCP Name	ID No.	Agency	License	Res.	Status	Retro Date	Address
PAPPY MATT	MD 116044	110	04-41214	N	A	10/02/2018	CONFIDENTIAL

Company	Policy	Rate	Level	Fund Type	Effective	Expiration	Surcharge	Document reference numbers
ISMIE MUTUAL INSURANCE COMPANY	CONFIDENTIAL	2102	8	C	10/02/2018	10/28/2018	\$ 100.00	

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Feedback

Our commitment to excellence involves receiving feedback from you. We would appreciate your feedback in the form of a brief survey describing your overall experience with this service.



HCP Name	ID No.	Agency	License	Res.	Status	Retro Date	Address
PAPPY MATT	MD 116044	110	04-41214	N	A	10/02/2018	CONFIDENTIAL

Company	Policy	Rate	Level	Fund Type	Effective	Expiration	Surcharge	Document reference numbers
Other	CONFIDENTIAL L	2103	8	C	10/28/2020	10/28/2021	\$ 1072.00	
ISMIE MUTUAL INSURANCE COMPANY		2102	8	C	10/02/2018	10/28/2018	\$ 100.00	

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