

PANKAI BHANOT DIRECTOR

CATHY BETTS DEPUTY DIRECTOR

## STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division Finance Office P.O. Box 700190 Kapolei, Hawaii 96709-0190

September 12, 2019

**MEMORANDUM**:

MEMO NO. QI-1923

TO:

QUEST Integration (QI) Health Plans

FROM:

Mudy Mohr Peterson, PhD

Med-QUEST Division Administrator

SUBJECT:

PAYMENT SUSPENSION TO PROVIDER

The purpose of this memorandum is to notify all QUEST Integration Health Plans that all Medicaid payments to Haumea Home Health Agency LLC - NPI #1366772055 have been restored as of September 10, 2019.

The Federal regulation at 42 C.F.R. § 455.23 requires that Medicaid payments be suspended pending the investigation of a "credible allegation of fraud" against any individual or entity. The regulations further state that the suspension is temporary and will not continue after the agency or prosecuting authority determine there is insufficient evidence of fraud by the provider, or legal proceedings related to the provider's alleged fraud are completed. After receiving notice from the Medicaid Fraud Control Unit, the payment suspension is no longer required.

The previous suspension enacted on December 14, 2016, and documented on Memo Number QI-1621, is rescinded, and any payments withheld during the suspension, to which the provider is entitled to, may be paid to the provider.

Should you have any questions, please contact Kurt Kresta, Investigator at (808) 692-8072 or by email at kkresta@dhs.hawaii.gov.

**Attachments** 



DAVID Y. IGE GOVERNOR



PANKAJ BHANOT DIRECTOR

BRIDGET HOLTHUS DEPUTY DIRECTOR

## STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division Finance Office P.O. Box 700190 Kapolei, Hawaii 96709-0190

December 14, 2016

**MEMORANDUM** 

MEMO NO. QI-1621

TO:

QUEST Integration (QI) Health Plans

FROM:

γ Judy Mohr Peterson, PhD

Med-QUEST Division Administrator

SUBJECT:

PAYMENT SUSPENSION TO PROVIDER

The purpose of this memorandum is to notify all QUEST Integration Health Plans that all Medicaid payments to **Haumea Home Health Agency LLC, NPI# 1366772055** have been temporarily suspended as of December 9, 2016. A copy of the notice sent to the provider is attached for your reference.

The Federal regulation at 42 C.F.R. § 455.23 requires that Medicaid payments be suspended pending the investigation of a "credible allegation of fraud" against any individual or entity, unless the state determines that there is good cause not to suspend payments. At present, the Med-QUEST Division is unaware of any circumstances that constitute good cause as enumerated in such federal regulations. This suspension applies to all pending or scheduled Medicaid payments.

The QUEST Integration Health Plans will be notified if the payment suspension may be lifted, or if Haumea Home Health Agency LLC's status as a Medicaid provider shall be changed. Should the payment suspension be lifted, the provider would be entitled to receive any payments, which were held in abeyance during the suspension period.

Should you have any questions, please contact Kurt Kresta, Investigator at (808) 692-8072 or by email at <a href="mailto:kkresta@dhs.hawaii.gov">kkresta@dhs.hawaii.gov</a>.

Attachment



PANKAI SHANOT DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

## STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division Finance Office P.O. Box 700190 Kapolei, Hawaii 96709-0190

December 14, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7016 0750 0000 7527 2409

Haumea Home Health Agency LLC 5326 Kumole Street Kapaa, Hawaii 96746

Re: Notice of Suspension of Medicaid Payments

The State of Hawaii, Department of Human Services, Med-QUEST Division (MQD), is suspending Medicaid payments to Haumea Home Health Agency LLC, effective as of December 9, 2016. This suspension applies to all of your Medicaid payments. Federal law requires that Medicaid payments be suspended pending the investigation of a "credible allegation of fraud" against any individual or entity, unless the state determines that there is good cause not to suspend payments (42 C.F.R. § 455.23). The allegations include billing for services not rendered.

Such conduct is also grounds for sanctions under Hawaii Administrative Rules pursuant, most clearly:

§17-1736-33(c): DHS may suspend or terminate a provider from the Medicaid program for one or more of the following reasons:

(7) Any fraud against the Medicaid program or abuse of health care services as defined in this section.

In accordance with this notice to impose a sanction, the state sanction rules allow the Department to suspend or withhold payments to a provider on pending, or subsequently received claims, pending a final disposition. In this case, the fraud allegations place all payments to you in question.

Pursuant to federal law, the suspension of payments based on a credible allegation of fraud is temporary, and will end upon the determination that there is insufficient evidence of fraud, or upon the completion of legal proceedings related to the alleged fraud (42 C.F.R. §455.23(c)(1)).

The State may also find good cause not to impose, or continue, suspension of payments, or to suspend payments only in part, pursuant to 42 C.F.R. § 455.23(e)-(f). At present, the Department is unaware of

Haumea Home Health Agency LLC December 14, 2016 Page 2

any present circumstances that constitute good cause not to suspend all payments as enumerated in such federal regulations.

Pursuant to §17-1736-33, Hawaii Administrative Rules, you have the right to request an administrative hearing if you do not agree with our findings and action. A written request for an administrative hearing must be received in the Department of Human Services, Administrative Appeals Office (AAO), P.O. Box 339, Honolulu, Hawaii 96809, within 30 days from the date of this letter and include all documents and written evidence that you wish to be considered at the hearing.

If you have questions, you may contact Kurt Kresta, Investigator at (808) 692-8072 or by email at kkresta@dhs.hawaii.gov.

Sincerely,

Judy Mohr Peterson, PhD

Med-QUEST Division Administrator

c: QI Health Plans

**MFCU** 

**HCSB** 

FO/FIS