

DAVID Y. IGE  
GOVERNOR



CATHY BETTS  
DIRECTOR

JOSEPH CAMPOS II  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

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

October 30, 2020

MEMORANDUM

MEMO NO.  
QI-2035

TO: QUEST Integration (QI) Health Plans

FROM: *JP* Judy Mohr Peterson, PhD  
Med-QUEST Division Administrator

SUBJECT: SUSPENSION TO PROVIDER

The purpose of this memorandum is to notify all QUEST Integration Health Plans **Paul A. Kaiwi Jr. - NPI #1730123365** has been suspended from the Hawaii Medicaid Program as of **November 22, 2020**, and will remain in effect for a period of up to five years. A copy of the notice sent to the provider is attached for your reference.

Services rendered, ordered, or prescribed by a suspended Medicaid provider shall not be covered by the Hawaii Medicaid Program while the suspension is in effect, and no Medicaid payment may be made for any item or service furnished, ordered, or prescribed on or after the effective date.

The QUEST Integration Health Plans will be notified if the suspension may be lifted.

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

Attachment

Signature:

A handwritten signature in black ink, appearing to read "Judy Mohr Peterson".

Email: [jmohrpeterson@dhs.hawaii.gov](mailto:jmohrpeterson@dhs.hawaii.gov)



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

MQD/FO 20.0006

October 23, 2020

Paul A. Kaiwi Jr., MD  
444 Hana Highway, Suite #201  
Kahului, Hawaii 96732

Dear Dr. Kaiwi:

Your participation as a Medicaid provider will be changed from active to suspended as of **{30 days from mailing of letter}** and will remain in effect for a period of five years. The action to suspend your participation in Hawaii's Medicaid Program is based upon Hawaii Administrative Rules (HAR) §17-1736-22 which states:

"Cause for suspension or termination of providers. DHS may suspend or terminate a provider from the medical assistance program based upon any one or combination of reasons established in Section 17-1736-33(c)"

HAR §17-1736-33(c) states:

The DHS may suspend or terminate a provider from the Medicaid program for one or more of the following reasons:

(6) A criminal complaint against the provider, indictment by grand jury, or information about or conviction of the provider by a state or federal court for an offense involving the provider's participation in the Medicaid program. A criminal complaint against the provider, indictment, or information may remain the basis for a suspension or termination by the department even though the complaint, information, or indictment results in acquittal;

On October 6, 2020, a criminal complaint against you was filed in the United States District Court for the District of Hawaii for violations of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(C) for Unlawful Distribution of Hydrocodone. This charge involves your participation in the Hawaii Medicaid program.

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

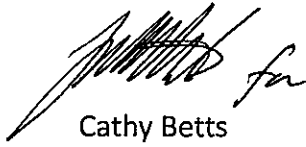
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for an administrative hearing must be received in the Department of Human Services, Administrative Appeals Office (AAO), P.O. Box 339, Honolulu, Hawaii 96809, within 30 days from the date of this letter and include all documents and written evidence that you wish to be considered at the hearing.

Should questions arise regarding this matter, please contact Jon Fujii, Branch Administrator Health Care Services Branch (808) 692-8083.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathy Betts" followed by a flourish.

Cathy Betts  
Director

c: HCSB  
MFCU