



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

October 20, 2008

MEMORANDUM

ACS M08-18

TO: Medicaid Fee-For-Service Providers

FROM: Kenneth S. Fink, MD, MGA, MPH, Med-QUEST Division Administrator ^{KF}

SUBJECT: EXCLUSION FROM ALL FEDERAL HEALTH CARE PROGRAMS

This is to notify you that the following providers have been excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs. This action is effective as of October 20, 2008. Copies of the Office of Inspector General (DHHS) letter of notification are attached for your reference.

Family Care & Personal Injury Center
Hiltrudes C. Sabugo
Kachun Clement Yeung

Clinic
Certified Nurse Assistant
Physician

Please review your provider networks to ensure that the appropriate action is taken.

If you have any questions regarding this matter, please call Mr. Clinton Yamasaki at 692-8090.

Attachment



SEP 30 2008

08 0810
08 OCT -7 11:09

Director
Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

DEPT OF HUMAN SVCS
MED-QUEST DIV

Dear Director:

RE: Family Care & Personal Injury Center, Inc.
205 S. Vineyard Street, Suite 205
Honolulu, HI 96813-2451

Clinic
DOB: N/A
EIN: 990244204
MEDICARE PROVIDER #: None
MEDICAID PROVIDER #: None
UPIN: N/A
LICENSE #: MAE-1050

SANCTION AUTHORITY: 1128(b)(8)
OI FILE NUMBER: L-01-40265-9

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and **all** Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge, Los Angeles Regional Office, if you receive any such claim.

Sincerely,

Maureen R. Byer

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations

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2008 OCT 8 PM 5:25
DEPT OF HUMAN SVCS
MED-QUEST DIVISION
HCMB



SEP 30 2008

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Director
Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

DEPT OF HUMAN SVCS
MED-QUEST DIV

Dear Director:

RE: Hiltrudes C. Sabugo
1389 Hooli Circle
Pearl City, HI 96782-1911

Certified Nurse Assistant
DOB: 9/27/1963
SSN: 576-35-9943
MEDICARE PROVIDER #: None
MEDICAID PROVIDER #: None
UPIN: None
LICENSE #(s): HI020900725

SANCTION AUTHORITY 1128(a)(2)
OI FILE NUMBER: L-08-40102-9

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

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Sincerely,

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations

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DEPT OF HUMAN SVCS
MED-QUEST DIVISION
HCMB



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Director
Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

DEPT OF HUMAN SVCS
MED-QUEST DIV

Dear Director:

RE: Kachun Clement Yeung
a.k.a. Clement KachunYeung
1842 Laukahi Street
Honolulu, HI 96821-1361

M.D.
DOB: 013-50-9034
SSN: 03/30/1953
MEDICARE PROVIDER #: 5355-3
MEDICAID PROVIDER #: 047123
UPIN: D43533
LICENSE #'s: MD-3978; RS-31472

SANCTION AUTHORITY: 1128(a)(4)
OI FILE NUMBER: L-01-40265-9

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and **all** Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

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Sincerely,

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations

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2008 OCT - 8 PM 5:26
DEPT OF HUMAN SVCS
MED-QUEST DIVISION
HCMB