

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

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

May 6, 2010

MEMORANDUM

ACS/QUEST/OExA Memo

ACS M10-05
PROV-1001
PROVX-1001

TO: Medicaid Fee-For-Service Providers
QUEST Health Plans
QExA Health Plans

FROM: Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator



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 May 6, 2010. Copies of the Office of Inspector General (DHHS) letter of notification are attached for your reference.

Sherry C. Delos Santos
Jocelyn Lalotoa
Marilou Marcos Apusen

Certified Nurses Aide
In Home Services Provider
Physician

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

If you have any questions regarding this matter, please call Ms. Lori Onaga at 692-8158.

Attachment



DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

Washington, D.C. 20201

09 0951

NOV 30 2009

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

Dear Director:

RE: Sherry C. Delos Santos
94-149 Mokukaua St.
Waipahu, HI 96797

Certified Nurses Aide
DOB: 1/6/1985

SANCTION AUTHORITY 1128(a)(2)
OI FILE NUMBER: L-09-40223-9

MEDICARE PROVIDER #: None
MEDICAID PROVIDER #: None
NPI #: None
UPIN: None
LICENSE #(s): H1030804170

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
Director
Exclusions Staff
Office of Investigations

RECEIVED
2009 DEC 17 PM 6:04
DEPT OF HUMAN SERVICES
MED-QUEST DIVISION
HCSB



DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

Washington, D.C. 20201
RECEIVED

MAR 31 2010 2010 APR -8 PM 1:27 0257

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

DEPT OF HUMAN SERVICES
MED-QUEST DIVISION
HCSB

Dear Director:

RE: Jocelyn Lalotoa
a.k.a. Jocelynn Lalotoa; a.k.a. Jocelyn Toomata
45-1023 Kamau Place, Apt.14D
Kaneohe, HI 96744-3354

In Home Services Provider
DOB: 9/20/1965

SANCTION AUTHORITY 1128(a)(1)
OI FILE NUMBER: L-09-40426-9

MEDICARE PROVIDER #'s: None
MEDICAID PROVIDER #'s: None
NPI #: None
UPIN: None
LICENSE #(s): None

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

10: 0003

Washington, D.C. 20201

DEC 31 2009

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

Dear Director:

RE: Marilou Marcos Apusen
P.O. Box 360855
Los Angeles, CA 90036-1355

M.D.
DOB: 4/2/1946

SANCTION AUTHORITY 1128(a)(4)
OI FILE NUMBER: L-09-40038-9

MEDICARE PROVIDER #'s: A36928
MEDICAID PROVIDER #'s: 00A369280;
00A369281
NPI #: None
UPIN: A84932
CA LICENSE #(s): AFE36928;
HI LICENSE #(s): MD-5145

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