

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

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

Certified Nurses Aide  
DOB: 1/6/1985

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

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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