

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--|--|---------------------------------|----------------------|--------------------------|------------------|---|-------|-----------------------|---|
| Abdilnour, George | Contact DHS Program Integrity Unit to verify | 305 8th Ave Apt. 5 Cando, ND | N/A | N/A | R35497 L10270 | Registered Nurse/Licensed Practical Nurse | ND | Termination 9/18/2014 | The Office of Inspector General has excluded George Abdilnour from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Angel Hands Healthcare Owner: Susan Lakoduk | Contact DHS/HCBS Unit to Verify | Minot, ND | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/7/2015 | Not in compliance with rules and regulations. Federal offense charges |
| Aos, Douglas | Contact DHS Program Integrity Unit to verify | 508 Highland St Rolette, ND | N/A | N/A | 1356551840 | Pharmacist | ND | Termination 8/20/2013 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs. |
| Baker, Brittni | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/26/13 | Failure to comply with rules and regulations. On 05/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |

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| Ballou, Stephanie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/19/13 | Failure to comply with rules and regulations. On 07/31/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Barlage, Cindy | Contact DHS Program Integrity Unit to verify | 2740 West Market St Lima, OH | N/A | N/A | N/A | | OH | Termination 8/31/2013 | For questions regarding exclusions and suspensions from the Ohio Medicaid program, send an email to "Exclusions" in the subject line and include the individual's full name (including middle initial) and the last four digits of their Social Security number to: exclusions@medicaid.ohio.gov |
| Barron, Tammy | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/7/13 | Failure to comply with rules and regulations. On 05/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Beattie, Robert | Contact Program Integrity Unit to Verify | 401 6 th Street W Lemmon SD 57638 | N/A | N/A | N/A | MD License #5931 | ND | 4/20/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health care programs. |

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| Berge, Robyn | Contact DHS Program Integrity Unit to verify | 2847 Parkview Drive S Fargo ND 58103 | N/A | N/A | R38304 and L9540 | Registered Nurse/Licensed Practical Nurse | ND | Termination 2/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Black, Carolyn | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/13 | Failure to comply with rules and regulations. On 06/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Blake, Amanda | Contact DHS Program Integrity Unit to verify | 424 8th Street NW Valley City ND 58072 | N/A | N/A | N/A | Licensed Practical Nurse L11010 | ND | Termination 7/19/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs |
| Blue, Joanne Cecile Blue | Contact DHS Program Integrity Unit to verify | 9291 HWY 23, Unit 3 New Town, ND 58763 | N/A | N/A | R27051 | Registered Nurse | ND | Termination 3/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Booth-Keys, Zashanna | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/06/14 | Failure to comply with rules and regulations. |

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| Bressi, James | Contact DHS Program Integrity Unit to verify | 4302 Allen Road, Suite 300 Stow, OH | N/A | N/A | N/A | | OH | Termination 8/15/2013 | For questions regarding exclusions and suspensions from the Ohio Medicaid program, send an email to "Exclusions" in the subject line and include the individual's full name (including middle initial) and the last four digits of their Social Security number to: exclusions@medicaid.ohio.gov |
| Carlisle, Katherine | Contact DHS Program Integrity Unit to verify | 221 6th St. S Aneta, ND | N/A | N/A | L12363 | LPN | ND | Termination 9/18/2014 | The Office of Inspector General has excluded Katherine Carlisle from participation in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Cervantes, Jackie | Contact DHS Program Integrity Unit to verify | 408 West 6th Street Manchester, OH | 2627456 | N/A | N/A | Health Care Aide | OH | Termination 9/12/2014 | For questions regarding exclusions and suspensions from the Ohio Medicaid program, send an email to "Exclusions" in the subject line and include the individual's full name (including middle initial) and the last four digits of their Social Security number to: exclusions@medicaid.ohio.gov |
| Charette, Carl | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 6/22/2011 | Direct bearing offense. |
| Cheuma, Marletta | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/09/14 | Failure to comply with rules and regulations. |
| Christianson, Charles | Contact DHS Program Integrity Unit to verify | Grand Forks/Northwood, ND | N/A | N/A | 1083674337 | Physician | ND | 6/25/2015 | Medicare Exclusion/Revocation |

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| Cofer, Kelly | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R32728 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Kelly Cofer from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Conway, Jessica | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 1/3/2014 | Direct bearing offense. |
| Cota, Manuel | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/1/15 | Failure to comply with rules and regulations. |
| Cree, Aaron | Contact DHS/HBCS Unit | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations |
| Crissler, Angela | Contract DHS/HCBS Unit to Verify | N/A | 32155 | N/A | N/A | Qualified Service Provider | ND | Termination 2/27/15 | Failure to comply with rules and regulations |
| Cruz, Emilio | Contact DHS Program Integrity Unit to verify | (Federal Bureau of Prisons) | ND 00G399540 | G39954 | 1669551610 | Physician | ND | 7/20/14 | The Office of Inspector General has excluded Emilio Cruz from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Dallman-Holeton, Antonette | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/5/2014 | Failure to comply with rules and regulations. |
| Day, Sandra | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/13 | Failure to comply with rules and regulations. On 06/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |

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| Degelder, Jeanna | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R32728 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Jenna Degelder from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Dubois, Calvin | Contact DHS/HBCS Unit | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations |
| Duttenhefer, Doreen | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L13783 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Doreen Duttenhefer from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Dykema, Nicole | Contact DHS Program Integrity Unit to verify | 9467 11th Ave SE Strasburg ND | N/A | N/A | R36276 | Registered Nurse | ND | Termination 9/20/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs. |
| Elmore, James Frank | Contact DHS/HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 1/15/2015 | Direct Bearing Offense. |
| Enno, Jamie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 12/24/2011 | Failure to comply with rules and regulations. |

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| Extended Life Home Care Owners: Melissa and Bryce Erhart | Contact DHS/HBCS Unit | Extended Life Home Care 109 Collins Ave Mandan ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/25/16 | Failure to comply with rules and regulations. |
| Fiebiger Chiropractic | Contact DHS Program Integrity Unit to verify | Fiebiger Chiropractic 3060 25th St. Fargo, ND 58103 | ND 10730 | N/A | 1093751083 | Chiropractor | ND | Termination 3/27/2012 | The owner of the facility had his Chiropractic license revoked, which caused him to close the business. This business is no longer active. |
| Fiebiger, Todd | Contact DHS Program Integrity Unit to verify | Fiebiger Chiropractic 3060 25th St. Fargo, ND 58103 | ND 18868 | N14095 | 1730178609 | Chiropractor | ND | Termination 3/27/2012 | The North Dakota State Board of Chiropractic Examiners (Board) suspended Dr. Todd Fiebiger's license indefinitely, starting on March 27, 2012. As a result of the Board's decision, North Dakota Medicaid terminated this provider from participating in the program. |
| Fischer, Stephanie | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L10644 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Stephanie Fischer from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Fleming, Coral | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L10456 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Coral Fleming from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

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| Freemont, Dawn | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/29/2014 | Failure to Comply with Rules and Regulations. The Office of Inspector General has excluded Dawn Freemont from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Galt, Jeffrey | Contact DHS Program Integrity Unit | Galt Chiropractic | 1455669 | N4340 | 1447356225 | Chiropractor | ND | Termination 12/20/2018 | The Office of Inspector General has excluded Jeffrey Galt from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Good Bear, Erica | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11967 | ND | Termination 7/20/2014 | The Office of Inspector General has excluded Erica Good Bear from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Graf, Debra | Contact DHS Program Integrity Unit to verify | 8718 Quarry Ridge Lane Unit F | N/A | N/A | N/A | Registered Nurse | ND | Termination 6/14/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all Federal Health Care Programs. |
| Grossman, Sheri | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L9652 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Sheri Grossman from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

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| Harper, Sandra | Contact DHS Program Integrity Unit to verify | 608 22nd St NW Minot, ND | N/A | N/A | L3826 | Licensed Practial Nurse | ND | Termination 9/18/2014 | The Office of Inspector General has excluded Sandra Harper From participation in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Hayes, Colleen | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/7/15 | Failure to comply with rules and regulations |
| Helbling, Chelsy | Contact DHS Program Integrity Unit to verify | 2847 Parkview Dr. S Fargo, ND 58103 | | R34411 | | Registered Nurse | ND | Termination 11/20/14 | The Office of Inspector General has excluded Chelsy Helbling from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Helde, Kassie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/20/2016 | The Office of Inspector General has excluded Kassie Helde from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. State: Failure to comply with rules and regulations. |
| Hellerud, Michelle | Contact DHS HCBS Unit to verify | 810 1st Street N Fargo ND 58102 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/9/2015 | Failure to comply with rules and regulations |
| Hodge, Andrea | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/6/14 | Failure to comply with rules and regulations. Inappropriate Billings. Drugs and Shoplifting. |

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| Hornbaker, Grace (aka Kuznia) | Contact DHS Program Integrity Unit to verify | East Grand Forks | N/A | N/A | N/A | Licensed Practical Nurse ND: L10803 MN: 67623-0 | MN | Termination 9/19/2013 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs. |
| Houle, Courtney | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/5/2014 | Failure to comply with rules and regulations. Inappropriate Billings. |
| Jacobson, Amber | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/29/16 | Failure to comply with rules and regulations. |
| Jaeger, Stacy | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse ND: L11355 | ND | Termination 12/19/2013 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs. |
| Jones, Albert | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11355/R33831 | MN | Termination 12/19/2013 | The Office of Inspector General has excluded Albert Jones from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

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| Kalvoda, Ann | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 9/15/2016 | On 9-6-2016 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid and all federal Health Care Programs. |
| Kennedy, Tasha | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/13 | Failure to comply with rules and regulations. On 06/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Kilfoyl, Elizabeth | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R37294 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Elizabeth Kilfoyl from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Kleppe, Janelle | Contact DHS/HCBS Unit to verify | 6 Sheyenne Traile Court Horace, ND 58047 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/24/2016 | Forever Offense |
| Kraft, Heidi | Contact DHS/HCBS Unit to verify | | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/15/17 | Failure to comply with rules and regulations |
| Kuhn, Christine | Contact DHS Program Integrity Unit to verify | 3212 Lyon Road Mandan ND 58554 | N/A | N/A | N/A | Registered Nurse and Licensed Practical Nurse R34411/L11033 | ND | Termination 7/19/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all federal health care programs |

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| Lauckner, Lisa | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/2/2017 | Failure to comply with rules and regulations. |
| Letcher, Neal | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/23/2011 | Direct Bearing Offenses |
| Long Elk, Celeste | Contact DHS HCBS Unit to Verify | N/A | N/A | N/A | N/A | QSP | ND | Termination 7/19/2013 | Poor Care On 5/7/15 the Department received notification from the Office of Inspector General, Exclusions Director that this provider has been officially excluded from participation in Medicare, Medicaid, and all Federal Health Care Programs |
| Lorenz, Kevin | Contact DHS Program Integrity Unit to verify | Eye Clinic of North Dakota 620 North 9th St. Bismarck, ND | ND 18523 | 13979 | 1861480006 | Physician/ Eye Surgeon | ND | Termination 12/31/2011 | The North Dakota State Board of Medical Examiners (Board) suspended Dr. Kevin Lorenz's license indefinitely, starting on December 31, 2011. As a result of the Boards' decision, North Dakota Medicaid <u>terminated</u> this provider from participating in the program. On 8-5-2013, the Department received notification from the OIG that this provider has been officially excluded from all State and Federal health care programs. These programs would include Medicaid and Medicare. |
| McGuire, James | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination: 3/20/2015 | Failure to comply with rules and regulations |
| Meckle, Allen Dale | Contact DHS Program Integrity Unit to verify | 110 14th Street SW Rugby ND 58368 | N/A | N/A | N/A | Licensed Practical Nurse L7007 | ND | Termination 7/19/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all |

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| Moncera Gomez, Susana | Contact DHS Program Integrity Unit to verify | 221 7th Street W Apt 5 Bottineau ND 58318 | | N/A | N/A | Qualified Service Provider | ND | Termination 9/10/2015 | Failure to comply with rules and regulations |
| Mossett, Joleen | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 12/31/2014 | Failure to comply with Rules and Regulations. The Office of Inspector General has excluded Joleen Mossett from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Myran, Dakota | Contact DHS Program Integrity Unit to verify | 531 3rd Ave, SE Dickinson ND 58601 | N/A | N/A | N/A | LPN L 13799 | ND | Termination 2/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Nermoe, Preston | Contact DHS/HBCS Unit | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations |
| Nodland, Shanna | Contact DHS Program Integrity Unit to verify | 2200 10th Ave SE Mandan, ND 58554 | N/A | N/A | R25713 | Licensed Practical Nurse | ND | Termination 3/19/2015 | The office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Obakhume, Shibu | Contact DHS Program Integrity Unit to verify | 16232 Moors Lane Fontana, CA 92336-5630 | N/A | N/A | | Owner Regal Medical Supply | ND | N/A | The Office of Inspector General has excluded Shaibu O Obakhume from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

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| Olson, Tina | Contact DHS Program Integrity Unit to verify | 914 Bennett Street Bottineau ND 58318 | N/A | N/A | L19135 | LPN | ND | Termination 7/20/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Onafowode, Olufunlayo | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R38403 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Olufunlayo Onafowode from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Paul, Jeanne | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11330 | ND | Termination 8/20/2014 | The Office of Inspector General has excluded Jeanne Paul from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Peltier, Sherri | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/14/2017 | QSP was hospitalized for an aneurysm and is not able to provide services but she continued to bill the Department for care. |
| Petrick, Cameron Andrew | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R26048 | ND | Termination 1/20/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Randall, Scott | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 10/21/2013 | Direct Bearing Offense |
| Rausser, Cynthia | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R21912 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Cynthia Rausser from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |

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| Red-Owl, Nellie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/8/2015 | Failure to comply with rules and regulations |
| Renner, Carla | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R27353 | ND | Termination 8/20/2014 | The Office of Inspector General has excluded Carla Renner from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Robinson, Ronkica | Contact DHS HCBS Unit | 114 East Broadway #3 Dickinson ND 58601 | 1464754 | N/A | N/A | Qualified Service Provider | ND | Termination 8/22/2016 | Failure to comply with rules and regulations. |
| Roller, Stephan | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/11/14 | Failure to comply with rules and regulations. |
| Rost, Carla | Contact DHS Program Integrity Unit to verify | 610 McCumber St Apt 405 Rolette ND | N/A | N/A | N/A | RN/LPN | ND | Termination 6/17/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all programs. These include Medicare, Medicaid, and all Federal Health Care Programs. |
| Rue, Mary | Contact DHS HCBS Unit to verify | 29 Pitcher Park SE Devils Lake ND 58301-3909 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/15/16 | Failure to comply with rules and regulations. |
| Sailer, Chad | Contact DHC/HCBS | PO BOX 466 Westhope ND 58793 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/24/2016 | Forever Offense |
| Sannes, Irmgard | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/11/2013 | Failure to comply with rules and regulations. |

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| Schiller, Frederick | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R33533 | ND | Termination 11/18/14 | The Office of Inspector General has excluded Frederick Schiller from participating in any capacity in Medicare, Medicaid and all Federal Health Care. |
| Schreiner, Wanda | Contact DHS Program Integrity Unit to verify | 323 East Main Street Fargo ND 58103 | N/A | N/A | N/A | Licensed Practical Nurse L8783 | ND | Termination 7/19/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all program. These include Medicare, Medicaid, and all federal health care programs. |
| Scheresky, Gertrude | Contact DHS Program Integrity Unit to verify | 608 Carvel Street Box 243 Max ND 58759 | N/A | N/A | N/A | Licensed Practical Nurse L7642 | ND | Termination 7/19/2015 | The Department received a notice from the Office of Inspector General, Exclusions Director in reference to this provider being excluded from all program. These include Medicare, Medicaid, and all federal health care programs. |
| Selnes, Nathan | Contact DHS HCBS Unit to verify | 202 1st Ave E West Fargo, ND 58505 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/16/2016 | Failure to comply with Rules and Regulations |
| Shaw, Greg | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/4/2011 | Failure to comply with rules and regulations. |
| Smiling Angels Maxine Gordon, Owner | Contact DHS HCBS Unit | Smiling Angels 1413 N 35th St Unit 3 Bismarck ND 58501-7714 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/29/16 | Failure to comply with rules and regulations. |
| Sorenson, Keith Edward | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 5/01/12 | Direct bearing offense |

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------------|--|---|----------------------|--------------------------|--------|---------------------------------|-------|-----------------------|---|
| Sornsins, Amy | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R31414 | ND | Termination 8/20/2014 | The Office of Inspector General has excluded Amy Sornsins from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Snyder, Lindy | Contact DHS/HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/7/2014 | The office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs |
| Spiekermeier, Megan | Contact DHS Program Integrity Unit to verify | 4259 9 th Ave Cir S, Apt 301 Fargo ND 58103 | N/A | N/A | N/A | LPN L12983 | ND | Termination 1/20/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Steffens, Karen | Contact Program Integrity Unit to Verify | 2820 Westgate Drive S Fargo ND 58103 | N/A | N/A | N/A | RN R10907 | ND | Termination 4/20/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Stiefel, Kathleen | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Registered Nurse R28344 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Kathleen Stiefel from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Stoneburg, Derek | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11557 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded Derek Stoneburg from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-----------------------------------|---------------------------------|---------------------------|----------------------|--------------------------|--------|----------------------------|-------|-----------------------|---|
| Summers, Shirley | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/31/2012 | Failure to comply with rules and regulations. On 06/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Swenning, Myron | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/4/12 | Failure to comply with rules and regulations. |
| Tillett, Kathleen | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/4/12 | Failure to comply with rules and regulations. |
| Troxel, Crystal | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 4/24/14 | Failure to comply with rules and regulations. |
| Trzruc, Ryan | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/4/2015 | Direct Bearing Offense |
| UMA Home Health Care Systems, LLC | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/12/13 | Failure to comply with rules and regulations. On 07/31/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care programs. |
| Vane, David | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/2/14 | Failure to comply with rules and regulations. |
| Vigil, Rachelle | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/4/12 | Failure to comply with rules and regulations. |

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------|--|---|----------------------|--------------------------|------------|------------------------------------|-------|------------------------|---|
| Volrath, Amanda | Contact DHS Program Integrity Unit to verify | 316 4th ST NW Apt 104 East Grand Forks, MN 56721 | N/A | N/A | N/A | Registered Nurse/ R37526 | MN | Termination 11/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Walker, Oscar | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/13 | Failure to comply with rules and regulations. On 06/30/14 the Department received notification from the OIG that this provider has been officially excluded from participation in the Medicare, Medicaid, and all Federal health care |
| Walker, Robert | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/7/12 | Failure to comply with rules and regulations. |
| Warner, Candace | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/16/14 | Failure to comply with rules and regulations. |
| Wasemiller, James | Contact DHS Program Integrity Unit to verify | Medical Arts Clinic 614 Dakota Ave W Wahpeton, ND | ND 12647 | N19575, N13045 | 1619995420 | Pain Management Doctor | ND | Termination 6/30/2012 | The North Dakota State Board of Medical Examiners (Board) suspended Dr. James Wasemiller's license indefinitely, starting on June 30, 2012. As a result of the Boards' decision, North Dakota Medicaid <u>terminated</u> this provider from participating in the program. |
| Wattendorf, Stacie | Contact DHS Program Integrity Unit to verify | N/A | N/A | N/A | N/A | Licensed Practical Nurse L13524 | N/A | Termination 5/20/2014 | The Office of Inspector General has excluded Stacie Wattendorf from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------|--|--|----------------------|--------------------------|--------|----------------------------|-------|-----------------------|--|
| Wheeler, Carissa | Contact DHS Program Integrity Unit to verify | 1733 E Flint Lockway Chandler, AZ 58286 | N/A | N/A | L11990 | LPN | ND | Termination 8/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| White Tail, Jamie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 6/8/2011 | Direct Bearing Offense |
| Whitebody, Sara | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 11/5/2014 | Direct Bearing Offense |
| Wilson, Robert | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/4/12 | Failure to comply with rules and regulations. |
| White Tail, Jamie | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 6/8/2011 | Direct Bearing Offense |
| Whitebody, Sara | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 11/5/2014 | Direct Bearing Offense |
| Wilson, Robert | Contact DHS HCBS Unit to verify | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/4/12 | Failure to comply with rules and regulations. |
| Yarber, Margie | Contact DHS HCBS | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/6/2016 | Failure to comply with rules and regulations. |

North Dakota Provider Exclusion List

| Provider Name | Provider verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------|-----------------------|---------------------------|----------------------|--------------------------|--------|---------------|-------|----------------|----------------------|
|---------------|-----------------------|---------------------------|----------------------|--------------------------|--------|---------------|-------|----------------|----------------------|