

Pat D.



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Sandra Terrell, MS, RN
Acting Director

January 31, 2014

Natures Reflections, LLC, 1639225113
1145 Stone Kirk Drive
Raleigh, NC 27614-7288

CERTIFIED MAIL

7013 0600 0001 6982 2540

PI Case #: 2013-0822

Subject: **Suspension of Medicaid Payments**

Dear Provider:

Pursuant to 42 CFR § 455.23(a), the Division of Medical Assistance (DMA) **must** suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the NC Medicaid program. DMA has received a credible allegation of fraud against Natures Reflection, LLC.

The general allegations as to the nature of the suspension action include but may not be limited to:

- A complaint or referral from a Local Management Entity or other local government agency alleging that services billed not rendered, forging a guardian's signature on a PCP, lack of medical necessity for services billed, falsified documents, lack of documentation to support services billed, and billing for non-billable activities.

DMA is not required to disclose any specific information concerning an ongoing investigation. The State Medicaid agency has carefully reviewed all allegations, facts and available evidence carefully prior to taking this action, and has determined that the allegation(s) listed above have indicia of reliability.

Payments to your agency have been suspended for all claims received by the fiscal agent on or after 2/5/2014 in accordance with 42 CFR § 455.23. This suspension applies to Community/Behavioral Health Medicaid claims submitted by the provider number(s) listed below. Any attempt to circumvent this payment suspension action by submitting claims for

www.ncdhhs.gov • www.ncdhhs.gov/dma
Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Dorothea Dix Hospital Campus • Raleigh, NC 27603
Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501
An Equal Opportunity / Affirmative Action Employer



services performed under this number through other agencies, site locations, or billing numbers shall result in termination of your NC Medicaid Provider Participation Agreement.

| | |
|------------------------------------|--|
| Provider Name: | Natures Reflection, LLC |
| Provider Servicing Address: | Multiple |
| Locator Code: | Multiple |
| PI Case Number: | 2013-0822 |
| Legacy Provider Number: | 3410182 and 8301329 |
| NPI: | 1639225113 |
| Taxonomy: | 251S00000X-Community/Behavioral Health |

This payment suspension is for a temporary period. Pursuant to 42 CFR § 455.23(c), payment suspension will not continue after either of the following:

1. The agency or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider; or
2. Legal proceedings related to the provider's alleged fraud are completed.

You have the right to submit written evidence to the DMA for reconsideration. To request a reconsideration review of this decision, please return the enclosed form within 15 business days of receipt of this letter to:

Chief Hearing Officer
DHHS Hearing Office
2501 Mail Service Center
Raleigh, North Carolina, 27699-2501
Attention PI Case #: 2013-0822

You may request a telephone or personal hearing. You may also submit written documentation for review. The documentation must be received within 15 business days from receipt of this letter in order to be considered. If you request a personal hearing, the hearing will be scheduled in the DHHS Raleigh office. Following reconsideration review, you will be notified in writing of the decision.

If you do not request a Reconsideration Review or if you disagree with the reconsideration review decision, you may file a petition for a contested case hearing with the Office of Administrative Hearings (OAH) in accordance with G.S. § 150B-23(a). You have 60 calendar days from the date of this letter or the date of the reconsideration review decision to **file** a contested case petition with the OAH. Petition forms are available on the OAH website at <http://www.oah.state.nc.us/forms.html>. There may be a fee associated with filing a petition at OAH. If you have questions about the OAH appeal process or the filing fee, OAH can be reached directly at (919) 431-3000. You **must** file the contested case petition form with the Office of Administrative Hearings, either in person at 1711 New Hope Church Road, Raleigh, NC 27609, by mail at 6714 Mail Service Center, Raleigh, NC 27699-6714 or via facsimile or electronic transmission in accordance with 26 NCAC 03.0101(c) **and** mail a copy to Legal Counsel, NC Department of Health and Human Services, 101 Blair Drive, Raleigh, NC, 27603.

If you have any questions regarding this notice, please contact me directly at (919) 9814-0143.

Sincerely,



Patrick O. Piggott, MSW, LCSW, DCSW
Chief, Behavioral Health Review Section
Program Integrity

DM/pop

Enclosure

Cc: Jeff Horton, Assistant Director of Compliance
Pat Delbridge, Program Integrity Business Operations
Richard Brennan, DMA Chief Financial Officer
Sheila Platts, DMA Provider and Recipient Services
Laketha Miller, DHHS Controller
Belinda Smith, NCDOJ Health and Public Assistance
LMEs / LME-MCOs

REQUEST FOR RECONSIDERATION

This request must be received by the DHHS Hearing Officer no later than **15 business days** from the date of the notification letter. Please include a copy of the notification letter with your reconsideration request. You may submit as much documentation as necessary. If you choose to submit documentation by fax to the DHHS Hearing Office at (919) 814-0032 please limit the documents to 10 pages or less.

If you have any questions about the reconsideration, please call the DHHS Hearing Office at (919) 814-0090.

IMPORTANT: The DHHS Hearing Office must receive your request by 5pm on the date it is due.

I hereby request a reconsideration review of the overpayment identified. I prefer the following type of review (please check one):

_____ Paper (attach any additional documentation you wish considered)

_____ Personal (by scheduled telephone conference call)

_____ Personal (I understand this will be held in Raleigh)

Print Name: _____

Signed: _____

Date: _____

Telephone: _____

MAIL TO: *Hearing Office*
Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Facsimile (919) 814-0032

RE: DMA Program Integrity Section or Vendor: Behavioral Health Review Section
Hearing Specialist: Joshua Knight, LCSW
Program Integrity Case Number: 2013-0822
Date of Notice of Suspension Notice: 1/30/2014

Provider Name: Natures Reflection, LLC
NPI Number: 1639225113
Taxonomy: 251S00000X-Community/Behavioral Health
Legacy Provider Number(s): 3410182 and 8301329
Provider Servicing Address: Multiple
Locator Code: Multiple



Operations

- Claims
- Financial
- Provider**
- Recipient
- Reference
- Prior Approval
- TPL
- Other
- Admin

Home > Provider Search > Provider Detail

NATURES REFLECTIONS LLC - NPI/Atypical Provider ID: 1639225113

AA Help

* indicates a required field

Legend

NCTracks Success



Save Successful.

- Sanction/Incentive**
- LME Endorsements
- CCNC/CA Network Affiliation
- Pharmacy
- Training History
- Appeals
- Indicators
- Block Grant
- Billing

SANCTION/INCENTIVE

| * Type | * Case Number | * Payer | Health Plan | Benefit Plan |
|-------------|-----------------|---|---|-------------------------------------|
| 01-Sanction | 20105948 ARDM01 | DMA <input checked="" type="checkbox"/> | NCXIX <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 01-Sanction | 20130822 | DMA <input checked="" type="checkbox"/> | NCXIX <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|--|---|--|
| Date Type: P-DOP <input checked="" type="checkbox"/> | Begin Date: 02/05/2014 | * End Date: 12/31/9999 <input checked="" type="checkbox"/> |
| Transaction Date: 01/31/2014 <input checked="" type="checkbox"/> | Action Type: 005-Withhold <input checked="" type="checkbox"/> | Reason: 2-Frad-bill <input checked="" type="checkbox"/> |
| Originator: 02-DMA PI Inv <input checked="" type="checkbox"/> | Source: 2-DMA Refral <input checked="" type="checkbox"/> | * Status: 3-WH Estab <input checked="" type="checkbox"/> |
| Percent: 100.00% <input checked="" type="checkbox"/> | Amount: 0.00 <input checked="" type="checkbox"/> | Interest: 0.00 <input checked="" type="checkbox"/> |
| Penalties: 0.00 <input checked="" type="checkbox"/> | Total Recoup: 0.00 <input checked="" type="checkbox"/> | Total Collected: 0.00 <input checked="" type="checkbox"/> |
| FCN: <input checked="" type="checkbox"/> | | |