

Bulletin Number: MSA 06-13

Distribution: All Providers

Issued: March 2006

Subject: Sanctioned Providers (Monthly Update)

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services, MOMS, ABW

Attached is the March 2006 update to the Sanctioned Provider List issued October 2005 as Bulletin MSA 05-46.

NOTES:

- A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available on their website at <http://exclusions.oig.hhs.gov>.
- A complete list of sanctioned providers is available on the Michigan Department of Community Health website at www.michigan.gov/mdch, click on Providers, click on Information for Medicaid Providers, click on List of Sanctioned Providers.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration



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Appendix	SANCTIONED PROVIDERS LIST	DATE March 2006 MSA 06-13

	MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER SANCTION	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	SANCTIONING AUTHORITY
<u>DEARBORN PHARMACY, INC.</u>		02-20-06	02-20-06	CMS
13100 W. WARREN, DEARBORN	2359936			
13100 W. WARREN, DEARBORN	4088966			
13100 W. WARREN, DEARBORN	4088975			
<u>KAUFMAN, JACK A., D.P.M., P.C.</u>		02-20-06	02-20-06	CMS
39595 TEN MILE RD., #102, NOVI	5097718			
A/K/A NOVI FOOTCARE ASSOCIATES, P.C.				
39555 W. TEN MILE RD., STE. 307, NOVI	1406136			
<u>NOVI FOOTCARE ASSOCIATES, P.C.</u>		02-20-06	02-20-06	CMS
39555 W. TEN MILE RD., STE. 307, NOVI	1406136			
A/K/A KAUFMAN, JACK A., D.P.M., P.C.				
39595 TEN MILE RD., #102, NOVI	5097718			



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Appendix	SANCTIONED PROVIDERS LIST	DATE	March 2006 MSA 06-13

MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER REINSTATEMENT	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	REINSTATING AUTHORITY
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REINSTATEMENTS

DUDLEY, DALE, M.D.	01-25-06		CMS
FRASER DRUGS	01-01-06		DCH
GRAND VALUE DISCOUNT DRUG	01-01-06		DCH
THOMPSON, RUSSELL C., M.D.	01-18-06		CMS