



STATE OF ARIZONA  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  

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PROMOTING HONESTY AND INTEGRITY  
**OFFICE OF INSPECTOR GENERAL**

Douglas A. Ducey  
Governor,  
Jami Snyder  
Director

January 14, 2019

Dr. Thanh Nguyen  
850 East Knox Road  
Tempe, AZ 85284

*VIA Hand-Delivery and email at [diepthanh@gmail.com](mailto:diepthanh@gmail.com)*

**Re: Notice of Suspension of Provider Participation Agreement**

Dear Dr. Nguyen,

The Arizona Health Care Cost Containment System ("AHCCCS") hereby notifies you that **AHCCCS will suspend the Provider Participation Agreement between you and AHCCCS as of January 15, 2019.**

Pursuant to Paragraph 31 of the Provider Participation Agreement between AHCCCS and Dr. Nguyen executed on April 6, 2017 (the "Agreement"), AHCCCS hereby notifies you of its determination to suspend the Agreement effective close of business January 15, 2019. Under Paragraph 31, AHCCCS has the right to terminate or suspend the Agreement upon twenty-four (24) hours' notice when 1) AHCCCS deems the health or welfare of a member is endangered; 2) the Provider fails to comply with the terms of the Agreement, or any federal or state law or regulation; or 3) there is a material modification to the Provider's qualifications to provide services.

Based on Quality of Care Review, AHCCCS has determined that the health or welfare of one or more AHCCCS members is endangered by leaving AHCCCS members in your care. *See Attached Confidential Statement of Health and Welfare Concern.* Because you have placed the health and welfare of AHCCCS members in danger, AHCCCS must suspend the Agreement to protect its beneficiaries. Suspension of the Agreement will remain in place until further notice, pending the completion of concurrent and independent investigatory activity on the part of AHCCCS as well as other state and municipal entities. As the Agreement will be suspended effective January 15, 2019, AHCCCS and its managed care organizations will deny any and all claims for payment with dates of service post-dating January 15, 2019 where the claim, in whole or in part, seeks payment for an item or service rendered, ordered or referred by you.

**Appeal Rights**

Pursuant to Ariz. Rev. Stat. § 36-2903.01(B)(4), to appeal this adverse action, you must file a written grievance with AHCCCS within sixty (60) days of the date of this notice. Your written grievance must be received by the Office of Administrative Legal Services at 701 East Jefferson St., MD 6200, Phoenix, AZ 85034, no later than March 18, 2019, as the sixtieth day is a Saturday.

**FAILURE TO RESPOND TO THIS NOTICE WITHIN THE DEADLINE DESCRIBED ABOVE WILL RESULT IN YOUR WAIVER OF YOUR RIGHT TO APPEAL THIS ADVERSE ACTION.**

Sincerely,



Sharon E. Ormsby  
*Inspector General*  
Office of Inspector General

Cc: **Via U.S. Mail and Hand Delivery**

Thanh Nguyen  
152 South Quarty Circle  
Chandler, Arizona 85225

Hacienda (*w/o attachment*)  
Attn: Kayte Del Real/Clinical Services  
1402 East South Mountain Avenue  
Phoenix, Arizona 85042

**Via email (*with attachment*)**

Patricia Garcia, Dep. Inspector General, Provider Registration  
Jakenna Lebsock, CQM Clinical Administrator, DHCM  
Markay Adams, Asst. Director, DFSM,  
Vanessa Templeman, Dep. Inspector General, Provider Compliance