

BUREAU OF MEDICAID OPERATIONS
PO BOX 143106
SALT LAKE CITY UT 84114-3106



Utah Department of Health

Nate Checketts
Interim Executive Director

Division of Medicaid and Health Financing

Jennifer Strohecker
Director, Division of Medicaid and Health Financing

State of Utah

Spencer J. Cox
Governor

Deidre Henderson
Lieutenant Governor

[REDACTED]

LEWA WHEELWRIGHT
[REDACTED]
500 HARRISON BLVD STE 290
OGDEN, UT 84403-2038

October 4, 2024

RE: WHEELWRIGHT, LEWA
Provider ID: 1041528

Dear LEWA WHEELWRIGHT

This is to advise you that the Division of Medicaid and Health Financing has been notified that you have been suspended by the Utah Division of Occupational and Professional Licensing (DOPL).

Based on this action it has been determined that you have violated the Utah Administrative Code Rule R414-22-4.

To coincide with this adverse action, you must file a written response to the findings within 30 days from the date of this letter. Your written response must include any information you would like to be considered by the Provider Sanction Committee when exercising its discretion to impose an appropriate sanction. The Committee may consider the factors stated in R414-22-6 (4) and other information that it deems relevant when determining an appropriate sanction to impose. Any written response timely filed will be considered your complete and final response. In the event you do not respond in writing within 30 days, the committee will proceed with its decision making process. Should you wish to file a written response it must be submitted to:

Bureau of Medicaid Operations
Attention: Sanction Committee
PO Box 143106
Salt Lake City, UT 84114-3106

Pursuant to Utah Administrative Code Rule R414-22-5, you are notified that the committee may exercise its discretion and impose appropriate sanction, which may include TERMINATION OR SUSPENSION FROM PARTICIPATION IN THE MEDICAID PROGRAM.

If you have any questions regarding this notice, you may contact Provider Enrollment at (800)662-9651 Option 3, then Option 4 or email providerenroll@utah.gov.

Sincerely,

Provider Enrollment
Utah Medicaid

10-10-24 Bill Cox
10-17-24 Bill Cox
10-21-24 Tread - Scan Letter

Utah Gov Field
10-1-20 7632
10-1-20 6612



Bureau of Medicaid Operations
288 North 1460 West * Salt Lake City, UT 84114-3106
Mailing Address: P.O. Box 143106 * Salt Lake City, UT 84114-3106
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