



October 23, 2025

34 - Mental Health Group

Oasis Center LLC
1865 Old Hudson Rd, Ste A14
St Paul, MN 55119

Termination of National Provider Identifier (NPI): 1528851920

Dear Provider:

This letter is to notify you that the Minnesota Department of Human Services (DHS) has terminated your participation as a provider effective **October 23, 2025** because you no longer meet the requirements for participation as a provider for Minnesota Health Care Programs (MHCP).

Your record was terminated for the following reason(s):

Other: See notes for additional information.

Notes:

- **Failure of Site Visit - Lack of Supervising Clinician/Professional**
- Emily Bastian, the Clinical Supervisor affiliated in MPSE and listed during the site visit, did not respond to phone calls on 8/28, 9/2 and 9/15, nor an email on 10/8. The provider was notified on 10/1 that the clinical supervisor had not responded to any calls; during this phone call, the provider confirmed that the screener had the correct phone number and email address.

Under Minnesota Rules, part 9505.2235, a provider who is suspended or terminated from MHCP is not allowed to submit any claims for MHCP payment either personally or through claims submitted by a clinic, group, corporation, or other association. No payments shall be made to an organization, either directly or indirectly, for services provided by you unless services were provided before **January 30, 2026**. No other provider is allowed to submit claims to MHCP for services you provided. Claims paid for dates of services after the termination date will be recovered.

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In addition, MHCP has suspended all payments billed under your treating or rendering provider number by any affiliated pay-to-provider(s) effective **October 23, 2025**. DHS has determined that suspension of payments is necessary to protect the public welfare and interests of MHCP. Authority for this action is in Minnesota Statutes, 256B.04, subd. 21 and 256B.064, subdivision 2.

You have the right to appeal this decision under Minnesota Statutes, 256B.0643 by submitting a written request. You have the right to request that the information contained in the notice be made available in an alternative format, such as Braille, large print, or audiotape.

If you decide to appeal DHS' action, the appeal request must be received by the undersigned no later than 60 days from the date of this letter. The appeal request must specify: (1) the reason for the dispute, (2) the authority in the statute or rule upon which you rely for each disputed item, and (3) the name and address of the person or entity with whom contracts may be made regarding the appeal. You may also include any other information you believe relevant. Fax appeals to 651-431-7797.

Upon receipt of a timely appeal, DHS will initiate a contested case proceeding pursuant to the provisions of Minnesota Statutes, Chapter 14, and Minnesota Administrative Procedure Act.

For more information, see the MHCP-enrolled providers home page at www.dhs.state.mn.us/provider or call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411.

Thank you.

Sincerely,

MHCP Provider Eligibility and Compliance

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