Referral packet: BLAKES BLESSING HEALTH CARE INC.

Draft for reviewer. Prepared September 5, 2026. Every statement below cites the numbered public record it came from.

Subject	Findings	Public records cited	Regulations
NPI 1679896484	7	4	3

> This packet describes public records and dates. It does not assert fraud, intent or guilt. Each finding cites the numbered records at the end, and the section Rule out first lists the ordinary explanations a reviewer must eliminate before any action.

Summary

Public records show BLAKES BLESSING HEALTH CARE INC. (NPI **1679896484**, Houston, TX) has appeared on the Texas Medicaid exclusion list since **January 19, 2022**, and Texas Medicaid records show payments in 33 service months after that date totaling **$2,118,903** (service months 2022-02 through 2024-10). All of the provider's Medicaid dollars sit on a single attendant care code with a documented history of abuse, which together with the post exclusion payment pattern warrants a records request and an enrollment status verification under **42 CFR 455.416(c)** and 455.436.

Description

BLAKES BLESSING HEALTH CARE INC. is an organization in Houston, Texas, that bills Texas Medicaid for home and community based attendant care. Texas records list the company on the state Medicaid exclusion list with an action date of **January 19, 2022**. Even so, Medicaid payment records show claims paid in 33 later service months, from **February 2022** through **October 2024**, totaling **$2,118,903**. In the twelve months before the exclusion action, the provider was paid **$1,683,327**. Every Medicaid dollar for this provider falls on one code, attendant care services per fifteen minutes, at **$932** per patient-month, which is below the typical **$1,759** for that code.

What the records show

01 NPI **1679896484** is BLAKES BLESSING HEALTH CARE INC., an organization in Houston, TX, with taxonomy 251E00000X and a Medicaid home state of Texas.

Records 1 (providers/NPPES)

02 The provider has been listed on the Texas Medicaid exclusion list since **January 19, 2022**, per the Texas HHSC OIG Exclusions file dated **September 5, 2026**.
Records 3 (provider risk), 4 (flags/D3 + T-MSIS spending)

03 After the Texas state exclusion action dated 2022-01-19, Medicaid paid **$2,118,903** across 33 service months, from 2022-02 through 2024-10.
Records 3 (provider risk), 4 (flags/D3 + T-MSIS spending)

04 Medicaid paid this provider **$1,683,327** in the 12 months before the exclusion action.
Records 4 (flags/D3 + T-MSIS spending)

05 Code S5125 (Attendant care services per 15 min) accounts for **$914,338** paid over 19 months and **100%** of this provider's Medicaid dollars, and this code family has a history of abuse.
Records 2 (procedures billed, Medicaid), 3 (provider risk)

06 The provider's S5125 billing is **$932** per patient-month, which ranks at the 24th percentile of all providers billing this code, where the typical figure is **$1,759**.
Records 2 (procedures billed, Medicaid)

07 The record is assigned evidence tier 1 (documented action, then payment) with detector D3 and dollars at risk of **$2,118,903,** described as the figure of the detector that set the tier rather than a sum.
Records 3 (provider risk)

Regulations this relates to

42 CFR 455.416(c) the State Medicaid agency must deny or terminate the enrollment of any provider that is terminated on or after January 1, 2011 under Medicare or under the Medicaid program or CHIP of any other State and is included in the termination database under 455.417.

42 CFR 455.436 states must confirm identity and determine exclusion status through routine checks of the Social Security Death Master File, NPPES, the LEIE and the EPLS (now SAM), upon enrollment and reenrollment and, for the LEIE and EPLS, no less frequently than monthly.

42 CFR 455.23 the State Medicaid agency must suspend all Medicaid payments to a provider after determining there is a credible allegation of fraud for which an investigation is pending, unless there is good cause not to suspend or to suspend only in part; 455.23(d) requires referral to the Medicaid Fraud Control Unit.

Where the records come from

Recommended next step

Request from the Texas Medicaid agency the current enrollment record for NPI **1679896484**, including the enrollment and revalidation history, any denial or termination action taken after **January 19, 2022**, and any appeal, stay or reinstatement that may have restored payment eligibility. Obtain the full exclusion record from the Texas

HHSC OIG Exclusions file, including the action date, basis and any end date, and confirm whether the excluded party is the entity itself or an affiliated owner or manager. Pull the paid claims detail for service months 2022-02 through 2024-10 supporting the **$2,118,903,** with dates of service, member identifiers, rendering attendant identifiers and the paid amounts on code S5125, and reconcile against service authorizations, attendant time sheets and electronic visit verification records. Run the routine exclusion and identity checks required by **42 CFR 455.436** against NPPES, the LEIE and SAM, and document the monthly LEIE and SAM check results for the period in question. Refer to the state Medicaid agency for an enrollment determination under **42 CFR 455.416(c)**. If the review develops a credible allegation of fraud, the state must consider a payment suspension under **42 CFR 455.23(a)** and make the referral to the Medicaid Fraud Control Unit required by **42 CFR 455.23(d)**.

Procedures behind the dollars

S5125	Medicaid: Attendant care services per 15 min 24th percentile of providers on this code, $932 per patient-month against a typical $2K; code family with a history of abuse	$914K	100%

Rule out first

- The exclusion may have been appealed, stayed, overturned or followed by a reinstatement that lawfully restored payment eligibility, and the exclusion file extract is dated September 5, 2026, so an end date may not be reflected in the line reviewed.
- The exclusion listing may match an affiliated individual, prior owner or a similarly named entity rather than the billing organization, so identity matching must be confirmed before any conclusion.
- Payments in later service months can reflect claims for dates of service before the action date, run out or retroactive adjustments, cost settlements or data lag between the exclusion file and the claims system.
- Attendant care agencies commonly bill a single code because that is the only service they are authorized to deliver, so 100% concentration on code S5125 can be normal for this provider type.
- Per patient-month billing of $932 sits at the 24th percentile and below the typical $1,759, which is not an overutilization signal on its own.
- The dollars at risk figure of $2,118,903 is the detector figure that set the tier and is not a calculated overpayment amount.
- Supervisory or agency level billing conventions may place all claims under the organization NPI even where multiple attendants furnished the care.

Public records cited

1 NPI 1679896484 BLAKES BLESSING HEALTH CARE INC. (organization), HOUSTON, TX; taxonomy 251E00000X; Medicaid home state TX.

providers/NPPES

2 Code S5125 (Attendant care services per 15 min): $914,338 paid over 19 months, 100% of this provider's Medicaid dollars, $932 per patient-month, which ranks at the 24th percentile of all providers billing this code (typical $1,759); this code family has a history of abuse.

procedures billed, Medicaid

3 Evidence tier 1 (documented action, then payment); detectors D3; dollars at risk $2,118,903 (figure of the detector that set the tier, not a sum); reasons: Listed on the TX Medicaid exclusion list since January 19, 2022; Medicaid still paid claims in 33 later months, $2,118,903 in total; 100% of Medicaid dollars are on codes with a history of abuse.

provider risk

4 After the STATE EXCL TX action of 2022-01-19 (Texas HHSC OIG Exclusions file (Sept 5 2026)), Medicaid paid $2,118,903 across 33 service months (2022-02 to 2024-10); $1,683,327 in the 12 months before.

flags/D3 + T-MSIS spending